

# Children's Enrollment Record

Date of Enrollment: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Sex: M F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Family Members: \_\_\_\_\_

Mother or Guardian's Name: \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Employment: \_\_\_\_\_

Address of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father or Guardian's Name: \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Employment: \_\_\_\_\_

Address of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Special instructions for reaching parent or guardian: \_\_\_\_\_

## Emergency Contacts

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_