

Enrollment Application

Enrollment Date: _____

Child's Name: _____ D.O.B. _____

Address: _____

City, State: _____ Zip: _____

Home phone: _____

Child's Social Security: _____

Parent Information

Mother's full name: _____ D.O.B. _____

Address: _____

City, State: _____ Zip: _____

Home #: _____ cell#: _____

Work Place: _____ Position: _____

Address: _____ Work #: _____

Social Security #: _____

Driver's License#: _____

Make and Model of car: _____ Tag #: _____

Father's full name: _____ D.O.B. _____

Address: _____

City, State: _____ Zip: _____

Home #: _____ cell#: _____

Work Place: _____ Position: _____

Address: _____ Work #: _____

Social Security #: _____

Driver's License#: _____

Make and Model of car: _____ Tag #: _____

Who does the child live with:

Mother Father Mother and Father

Please tell us any custody issues at this time: _____

Do you have any concerns about your child:

behaviorial developmental physical growth

Δlanguage Δeating Δlearning disabilities

Δhearing Δvision Δpotty training

Δaccidents

Δother _____

Does your child have any allergies?

Yes no

Explain if

yes, _____

Does your child have any food allergies?

Yes no

Explain if yes, _____

What things are you working on at home:

Δwriting Δreading Δcolors Δshapes

Δmath Δcounting Δspelling name

Δpotty training

Has your child attended another center in the past?

yes no

Name of Center: _____

Phone #: _____

Why did your child leave the
center: _____

Parent

signature: _____ Date: _____

Director signature: _____ Date: _____

