

Application for Enrollment

Child's Schedule _____

Handbook and Forms given on _____

Initial Interview Date _____ By _____

1. Child's Name _____
Last First Middle Initial

2. Date of Birth _____

3. Name of Mother _____
Address _____

Street City Zip
Phone Numbers: Cell _____ Home _____ Work _____
Place of Employment _____

4. Name of Father _____
Address _____

Street City Zip
Phone Numbers: Cell _____ Home _____ Work _____
Place of Employment _____

5. Name of Legal Guardian _____
Address _____

Street City Zip
Phone Numbers: Cell _____ Home _____ Work _____
Place of Employment _____

6. List other children and persons living in the home:
Name Age Relationship to Child

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7. Who **MAY** pick up your child? (Other than mother & father) (Please notify us in case of change)

Name	Relationship to Child	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Who **MAY NOT** pick up your child? (Please notify us in case of change)

Name	Relationship to Child
_____	_____
_____	_____
_____	_____

9. Name of Doctor _____
Clinic _____ Phone _____

10. Name of Dentist _____
Address _____ Phone _____

11. Is there any reason your child may need special assistance?

12. Voluntary Civil Rights Information: Please indicate the ethnic or racial identity of your enrolled child by checking the category below. This information is voluntary and will not affect your child's eligibility. This information is being used for government statistics only.

- _____ White, not of Hispanic origin
- _____ Black, not of Hispanic origin
- _____ Hispanic
- _____ Asian or Pacific Islander
- _____ American Indian or Alaskan Native
- _____ I do not wish to give this information

Signature of Parent of Guardian _____
Date _____