

Enrollment Application

Child's name: _____

Address: _____ City: _____ Zip: _____

email address: _____

Home Phone: _____ Birth date: _____

Mother's Name: _____ Home #: _____

Cell # _____ Work/Alt # _____

Father's Name: _____ Work #: _____

Cell # _____ Alternate # _____

Backup Contact Name: _____

Home #: _____ Cell #: _____

Please list a telephone and address of a relative living outside of the area in the event of a community disaster:

Name _____ Phone () _____

Address _____

Siblings Name _____ Age _____ Sex _____
 Name _____ Age _____ Sex _____
 Name _____ Age _____ Sex _____

Please list any expectations that you have for your child while attending school
