

Enrollment Form

Child's Name: _____

Address: _____ City: _____

Zip: _____

Home Phone: _____ Birth Date: _____

Mother's Name: _____ Work #: _____

Place of Employment: _____

Father's Name: _____ Work #: _____

Place of Employment: _____

Parent's Address (if different from child's - please indicate which parent):

Street City Zip Phone #

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

