



Application for Enrollment

Child's Full Name: _____

Date of Birth: _____ Age: _____

Address: _____

City: _____ Zip: _____

Preferred Phone Number: _____

Father's Name: _____

Cell or Work Phone: _____

Mother's Name: _____

Cell or Work Phone: _____

Preferred Email Address: _____

Person to contact if parents cannot be reached in case of emergency:

Name: _____ Phone: _____

Please provide information about any allergies, dietary needs, or pertinent

health or development information: _____
