



Enrollment Form

**\*PLEASE PRINT NEATLY**

Enrollment Date \_\_\_/\_\_\_/\_\_\_ Termination Date \_\_\_/\_\_\_/\_\_\_

Child's Name \_\_\_\_\_

Name Child is Most Often Called \_\_\_\_\_ Sex: M F

Date of Birth \_\_\_/\_\_\_/\_\_\_ Who does child reside with? \_\_\_\_\_

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Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Driver's License \_\_\_\_\_

State Issued \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_/\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Social Security \_\_\_ - \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Marital Status: Married Single Divorced Separated Re-Married

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Driver's License \_\_\_\_\_

State Issued \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_/\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Social Security \_\_\_ - \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Marital Status: Married Single Divorced Separated Re-Married