

**CHILD ENROLLMENT FORM**

**STUDENT DATA**

Child's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Religion \_\_\_\_\_ Parish \_\_\_\_\_

**PARENTS/GUARDIAN DATA**

**Father/Guardian** \_\_\_\_\_ Marital Status \_\_\_\_\_

Employer name & address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 \_\_\_\_\_ Work Phone \_\_\_\_\_

Address (if different from student) \_\_\_\_\_ Email \_\_\_\_\_

**Mother/Guardian** \_\_\_\_\_ Marital Status \_\_\_\_\_

Employer name & address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 \_\_\_\_\_ Work Phone \_\_\_\_\_

Address (if different from student) \_\_\_\_\_ Email \_\_\_\_\_

**Please mark which phone number should be used 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> to reach you while your child is in the program.**

Cell \_\_\_\_ 1 \_\_\_\_ 2 \_\_\_\_ 3      Home \_\_\_\_ 1 \_\_\_\_ 2 \_\_\_\_ 3      Work \_\_\_\_ 1 \_\_\_\_ 2 \_\_\_\_ 3  
 \_\_\_\_ Father \_\_\_\_ Mother      \_\_\_\_ Father \_\_\_\_ Mother      \_\_\_\_ Father \_\_\_\_ Mother

Please list two people to be contacted in the event of an emergency **if the parent cannot be contacted:**

Name	Name
Street Address	Street Address
City	City
State                                  Zip code	State                                  Zip code
Relationship to Child	Relationship to Child
Home Phone	Home Phone
Cell Phone	Cell Phone
Work Phone	Work Phone

**Physician**

**Dentist**

Name	Name
Street Address	Street Address
City, State, Zip Code	City, State, Zip Code
Phone	Phone

### **Annual Class Roster**

Each year we prepare a roster for each group of children in our program. This roster will not be furnished to any persons other than parents of children enrolled in our program.

I authorize the following to be listed on the parent roster.

Child's name	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parents/Guardians names	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone number	<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home	<input type="checkbox"/> No
Email	<input type="checkbox"/> Yes <input type="checkbox"/> No	

\_\_\_\_\_ Date \_\_\_\_\_  
*Signature of parent, or guardian*

### **Handbook Agreement**

We, members of the \_\_\_\_\_ family, have received and read a copy of the \_\_\_\_\_ Handbook.

We accept responsibility for acceptance and adherence to the policies, guidelines, rules, and fee payment plan of our school.

### **Media Release**

I  **DO**  **DO NOT** give my permission to have my child appear in any media coverage approved by the school. Examples include, but not limited to, brochures, posters, newspapers.

### **School Website Permission**

I  **DO**  **DO NOT** give my permission to have my child appear in any pictures placed on the Facebook/internet website I understand that names are never listed.

### **Parent/Guardian**

Print Name(s) \_\_\_\_\_  
Signature(s) \_\_\_\_\_  
Date: \_\_\_\_\_