

PARENT-CHILD ENROLLMENT FORM

(please print clearly)

Submissi	on Date:				
Fall	Winter	Spring (circle o	one) Year _		
Preferred	l Day (circle one)	Wednesday	Thursday	Friday	
Child's Name Nickname (if applicable)				Date of Birth	
				Gender	
Language	es Spoken in the	Home			
Parent/	Guardian Info	rmation			
First Par	ent/Guardian:				
name					
address					
home pho	ne		cell phone		
work phoi					
email add					
occupation					
business a	address (if differen	t)			
Second P	arent/Guardian:				
name					
address (i	f different)				
home pho	ne		cell phone		