



Rebecca Gotting, Director
Enrollment Application

Date of Admission: ___/___/___ Date of Withdrawal: ___/___/___ Date of Birth: ___/___/___

Child's Name: _____ Home #: () _____

Address: _____ City: _____ Zip: _____ Sex: M F

Mother Name: _____ Home #: () _____

Address: _____ City: _____ Zip: _____

Employer Name: _____ 4 Digit Code _____

Employer Address: _____

Work #: () _____ Cell#: () _____ Pager #: _____

Email: _____ @ _____ Mother's DL#: _____

Father's Name: _____ Home #: () _____

Address: _____ City: _____ Zip: _____

Employer Name: _____ 4 Digit Code _____

Employer Address: _____

Work #: () _____ Cell#: () _____ Pager #: _____

Email: _____ @ _____ Father's DL#: _____

Names, addresses, phone numbers, and relationship of person to call in case of an emergency, if parent or guardian cannot be reached:

Name

Name

Address

Address

Phone #

Phone #

Relationship

Relationship

