



ENROLLMENT APPLICATION

Child's Full Name: (Please Print) _____

Name Child is Called [nickname]: _____ Birthdate: _____

Age: _____ Gender: _____ Desired Enrollment Date: _____

Desired Schedule: (please circle) Monday Tuesday Wednesday Thursday Friday

Parent or Guardian's Name: _____ Relation to Child: _____

Parent/Guardians Address: _____

Parent/Guardians Driver's License or SSN: _____

Parent/Guardian's Employer: _____ Normal Work Hours: _____

Parent/Guardian's Home Telephone: _____ Work Telephone: _____

Parent/Guardian's Mobile Telephone: _____ Pager: _____

Parent/Guardian's Email: _____

Parent or Guardian's Name: _____ Relation to Child: _____

Parent/Guardians Address: _____

Parent/Guardians Driver's License or SSN: _____

Parent/Guardian's Employer: _____ Normal Work Hours: _____

Parent/Guardian's Home Telephone: _____ Work Telephone: _____

Parent/Guardian's Mobile Telephone: _____ Pager: _____

Parent/Guardian's Email: _____

Physician's Name: _____ Physician's Telephone: _____

Physician's Street Address: _____

Hospital Preference: Mercy South Presbyterian CMC

Other Contacts: *These individuals may be contacted to pick up your child in the event a parent, guardian or spouse cannot be reached.*

Name: _____ Relation to Child: _____

Home Telephone: _____ Work Telephone: _____

Mobile Telephone: _____ Pager: _____

Name: _____ Relation to Child: _____

Home Telephone: _____ Work Telephone: _____

Mobile Telephone: _____ Pager: _____

Parent or Guardian Signature: _____

FOR OFFICE USE ONLY:

Date of Application: _____ **Deposit:** _____

Date of Enrollment: _____ **Classroom:** _____