

Children's Enrollment Application

Child's Name: _____ Date of Birth: _____

Date of Enrollment: _____ Sex: _____

Address: _____ Phone: _____

Mother/Guardian's Name: _____ Cell Phone: _____

Address and phone (if different from above): _____

Mother/Guardian's Business Name: _____ Phone: _____

Father/Guardian's Name: _____ Cell Phone: _____

Address and phone (if different from above): _____

Father/Guardian's Business Name: _____ Phone: _____

People Authorized to assume responsibility for the child if parent is not available:

1. Name: _____ Relationship: _____

Address: _____ Phone: _____

2. Name: _____ Relationship: _____

Address: _____ Phone: _____

Child's Doctor

Name: _____ Phone: _____

Address: _____

By my signature, I attest to the following:

That the above information is correct.

That in the event of a medical emergency, I authorize Locing and Learning CCC, Inc. to seek emergency medical care for my child as deemed necessary by the Directord.

That I have received the Information to Parents Document & Expulsion Policy.

Parent Signature

Custodial Information:

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of appropriate document (court order).