

ASSUMPTION EARLY LEARNING CENTER-CHILD ENROLLMENT FORM

STUDENT DATA

Legal Last Name of Student First Name Middle Name M/F Religion Date of Birth Today's Date

Present Home Address City State Zip Telephone

FAMILY DATA

FATHER: _____
Family Name First Middle Religion

Home Address City State/Zip Telephone

Occupation Business Address Telephone

E-mail Address: _____ Father's Cell Phone _____

MOTHER: _____
Last Name Maiden Name First Middle Religion

Home Address City State/Zip Telephone

Occupation Business Address Telephone

E-mail Address: _____ Mother's Cell Phone _____

MARITAL STATUS OF PARENTS: Married Divorced Separated Single Remarried Widowed

If divorced, name of parent who has legal custody Name of Parent who has primary physical custody

Name/Address/Telephone of Non-Custodial Parent: _____

Date of most recent custodial decree, including modifications: _____

If student not living with parents, complete the following:

GUARDIAN(S): _____
Family Name First Middle Relationship

Home Address State/Zip Telephone Religion

Diagnosed Significant Medical Needs (asthma, diabetes, food allergies, any other life-threatening condition):

Diagnosed Significant Educational Need:

Emergency Contacts

Name _____ Relationship to Child _____ Address _____

Home Phone _____ Cell Phone _____

Name _____ Relationship to Child _____ Address _____

Home Phone _____ Cell Phone _____

Person's Authorized To Take Child From the Child Care Facility:

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

To Contact Doctor/Clinic:

Name _____ Telephone: _____

For Emergency Medical Treatment of My Child, My Preferred Hospital Is:

Name _____ Telephone: _____

*****In case of extreme emergency we will follow the directives of the Emergency Medical Service Personnel**

My signature certifies that the above information is correct and that I have read and agree to the policies and procedures described in The Assumption Early Learning Center Parent Handbook

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE