



Enrollment Form

CHILD'S NAME: _____
(first, middle, last)

NICKNAME: _____ **DATE OF BIRTH:** ___/___/___

PRIMARY RESIDENCE: _____

TELEPHONE: (_____) _____ - _____

PRIMARY LANGUAGE AT HOME: _____ **GENDER:** _____

RACE (please check all that apply):

- American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White

ETHNICITY: Hispanic/Latino: yes no

CHILD'S HEALTH INSURANCE COMPANY: _____
____ HUSKY A ____ HUSKY B

INSURANCE IDENTIFICATION NUMBER: _____

PRIMARY CARE PROVIDER: _____
PLEASE ATTACH A COPY OF THE CHILD'S HEALTH CARD

<u>FULL NAME OF PERSON(S) RESIDING IN CHILD'S HOME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please use additional sheet if necessary)

PETS TYPE: _____ **NAME(S):** _____

PLEASE LIST THE ADULT FAMILY MEMBER(S) RESPONSIBLE FOR PARENTING THE CHILD

FULL NAME: _____
(first, middle, last) (relationship to child)

Is this person a legal guardian of child? HIGHEST LEVEL OF EDUCATION COMPLETED (CIRCLE ONE)

- Yes Some highschool Highschool Diploma/GED Some College
 No Associate Degree Bachelor Degree Master's Degree PhD

HOME ADDRESS: _____

CELL PHONE: (____) _____ - _____ **WORK PHONE:** (____) _____ - _____

EMAIL ADDRESS: _____

EMPLOYER/TRAINING SITE/SCHOOL: _____

ADDRESS: _____

FULL NAME: _____
(first, middle, last) (relationship to child)

Is this person a legal guardian of child? HIGHEST LEVEL OF EDUCATION COMPLETED (CIRCLE ONE)

- Yes Some highschool Highschool Diploma/GED Some College
 No Associate Degree Bachelor Degree Master's Degree PhD

HOME ADDRESS: _____

CELL PHONE: (____) _____ - _____ **WORK PHONE:** (____) _____ - _____

EMAIL ADDRESS: _____

EMPLOYER/TRAINING SITE/SCHOOL: _____

ADDRESS: _____

PLEASE LIST THE ADULT FAMILY MEMBER(S) RESPONSIBLE FOR PARENTING THE CHILD

FULL NAME: _____
(first, middle, last) (relationship to child)

Is this person a legal guardian of child?

- Yes
- No

HIGHEST LEVEL OF EDUCATION COMPLETED (CIRCLE ONE)

Some highschool Highschool Diploma/GED Some College
Associate Degree Bachelor Degree Master's Degree PhD

HOME ADDRESS: _____

CELL PHONE: (____) _____ - _____ WORK PHONE: (____) _____ - _____

EMAIL ADDRESS: _____

EMPLOYER/TRAINING SITE/SCHOOL: _____

ADDRESS: _____

WHO WILL BE RESPONSIBLE FOR TUITION PAYMENTS?

NAME: _____

SOCIAL SECURITY NUMBER: _____ / _____ / _____

ADDRESS: _____

DATE: _____
signature of responsible party

LIST OF ADULTS AUTHORIZED TO PICK UP CHILD

IN THE EVENT OF AN EMERGENCY, IF A PARENT OR GUARDIAN IS UNREACHABLE, I AUTHORIZE THE FOLLOWING INDIVIDUALS TO BE CONTACTED TO ACCOMPANY MY CHILD AND/OR PICK UP MY CHILD.

<u>*PRINT FULL NAME</u>	<u>Phone Number</u>	<u>Relationship to child</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

PLEASE LIST HERE ANYONE ELSE WHO IS AUTHORIZED TO PICK UP YOUR CHILD. ONLY THOSE LISTED WILL BE ALLOWED TO LEAVE THE PROGRAM WITH YOUR CHILD.

<u>*PRINT FULL NAME</u>	<u>Relationship to child</u>
1. _____	_____
2. _____	_____
3. _____	_____

Parent/Guardian Name (print) Parent/Guardian Signature Date

*THESE AUTHORIZED PICK-UP INDIVIDUALS MUST HAVE A MEANS OF POSITIVE IDENTIFICATION SUCH AS A DRIVER'S LICENSE OR PICTURE ID.

Updating of telephone numbers and addresses is the responsibility of the parents. Failure to keep these current could result in our inability to contact you in case of an emergency and is cause for immediate dismissal.