

2021-2022 Enrollment Application Form

Child's Full Name _____ DOB _____

Male _____ Female _____ Class you are interested in - JRK _____ MWFPM _____ TTh _____

Mailing Address _____

City and Zip _____ Home/Cell phone _____

Parent E-Mail _____ Text (yes or no) _____

Father's Name _____

Father's Employer _____ Work phone _____ Home/Cell phone _____

Mother's Name _____

Mother's Employer _____ Work phone _____ Home/cell _____

Parents: _____ Married _____ Separated _____ Divorced

With whom does the child reside? _____

How many? Brothers: Older _____/Younger _____; Sisters: Older _____/Younger _____

Are you aware of any learning difficulties your child may have? _____ If yes, please explain:

Does your child have any fears? _____

Other information we should know: _____

EMERGENCY PICK UP:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____