

Enrollment Application

Child's Name _____
 Street _____
 City, State & Zip _____
 Phone _____

Sex:	<input type="checkbox"/> Boy	<input type="checkbox"/> Girl
Age:	___ Yrs.	___ Mo.
Start Date:		
W2 Eligible:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Discounts:	<input type="checkbox"/> Multichild	<input type="checkbox"/> Elwood <input type="checkbox"/> Employee



Contact Information		Billing Information	
Mother's Name		Father' Name	
Address		Address	
Phone	Cell Phone	Phone	Cell Phone
Employer		Employer	
Emp. Address		Emp. Address	
Work Phone		Work Phone	
E-mail		E-mail	
Driver's Lic. #		Driver's Lic. #	
SS#		SS#	
Bank Name		Bank Name	
Bank Routing #	Bank Acct #	Bank Routing #	Bank Acct #
Weekly Payment Method <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> ACH <input type="checkbox"/> Credit Card		Weekly Payment Method <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> ACH <input type="checkbox"/> Credit Card	
Credit Card #	Exp.: ____/____	Credit Card #	Exp.: ____/____

Student Information	
Child's Birthday	Step Parent Name
Child Lives With <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	Step Parent Name
Does your child have any special needs that may effect his/her education (If so, please include detailed special instructions on a separate sheet)?	
<input type="checkbox"/> Emotional Disorder <input type="checkbox"/> Physical Handicap <input type="checkbox"/> Allergies <input type="checkbox"/> Learning Differences <input type="checkbox"/> Special Dietary Needs <input type="checkbox"/> ADHA <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Autism Spectrum Disorders <input type="checkbox"/> Other _____	
Physician:	Phone Number

Schedule Info					
<input type="checkbox"/> Monday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Before School	<input type="checkbox"/> Preschool	<input type="checkbox"/> Half Day	<input type="checkbox"/> After School
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Before School	<input type="checkbox"/> Preschool	<input type="checkbox"/> Half Day	<input type="checkbox"/> After School
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Before School	<input type="checkbox"/> Preschool	<input type="checkbox"/> Half Day	<input type="checkbox"/> After School
<input type="checkbox"/> Thursday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Before School	<input type="checkbox"/> Preschool	<input type="checkbox"/> Half Day	<input type="checkbox"/> After School
<input type="checkbox"/> Friday	<input type="checkbox"/> Full Day	<input type="checkbox"/> Before School	<input type="checkbox"/> Preschool	<input type="checkbox"/> Half Day	<input type="checkbox"/> After School

Emergency Contacts/Authorized Escorts					
Name	Relationship	Street	City	State	Phone
1.					
2.					
3.					

Signature & Authorization	
<p>The signature below represents and warrants that (a) I give my permission to have my child transported to and treated at the nearest medical facility in the event of an emergency; and (b) I give permission for my child to be photographed on field trips and in the classroom. I understand that the photos may be used for advertising or publicity purposes; and (c) I have received and read the Little City Kids Parent Handbook and agree to abide by these policies.</p>	
Parent Signature	Date