Admission Information

Child's Name: _____ Gender: _____ DOB: _____ Age: _____
Child's Address: _____ Home Phone: _____
Date of Admission: _____ Start Date: _____ Date of Withdrawal: _____

Classroom:_____

Mother's Information: Please Print
First Name: _____ Last: _____
Address: _____ Email: _____
Occupation: _____ Place of Employment: _____
Cell #: _____ Work #: _____ Home #: _____
DL # _____

Father's Information: Please Print
First Name: _____ Last: _____
Address: _____ Email: _____
Occupation: _____ Place of Employment: _____
Cell #: _____ Work #: _____ Home #: _____
DL # _____

- ○ Infant
- ○ Toddler
- ○ Pre-Primary
- ○ Primary
- ○ Elementary
- ○ Public After School
- ○ Lunch

- ○ Full Day
- ○ School Day
- ○ Half Day
- ○ Before School
- ○ After School
- ○ Three Day – Monday, Wednesday, Friday
- ○ Five Day

_____ _____
Parent or Guardian Signature Date