

CHILD DETAILS					
Last Name		First Name		Middle Name	
Date of Birth		Gender (M/F)		Age	
Current Grade Level :					
MOTHER'S DETAILS					
Full Name:		SS#			
Occupation:		Email address:			
Employer's Name		Work Address:			
Home Address:					
Home Phone #:		Work Phone #:		Cell Phone #:	
FATHER'S DETAILS					
Full Name:		SS#			
Occupation:		Email address:			
Employer's Name		Work Address:			
Home Address:					
Home Phone #:		Work Phone #:		Cell Phone #:	
PROGRAM DETAILS					
Type of Program (M/T/W/TH/F) (Check one and Circle the days)	5 days	4 days	3 days	2 days	
Admission Date		Drop Off Time		Pick Up Time	
How did you find us	Website	Yellow Pages	Newspaper	Friends	Other
Can you help with	Fundraising	Computer	Extra Curricular Act	Reading	Other

Father's Signature/Date _____

Mother's Signature/Date _____

Registration Fee:	_____
Tuition:	_____
Material Fee:	_____
Other:	_____
TOTAL:	_____

The following documents are necessary to complete your enrollment packet: (Office Use Only)

Submitted	Documents	Not Yet Submitted
	1 Registration Form (LIC 100A)	
	2 Tuition Fees and Payments Schedule	
	3 Admission Agreement	
	4 Emergency Card	
	5 Consent for Emergency Medical Treatment Form (LIC 627)	
	6 Identification and Emergency Information (LIC 700)	
	7 Physician's Report (LIC 701)	
	8 Child's Preadmission Health History – Parents report (LIC 702)	
	9 Child Discipline policy	
	10 Photo Permission	
	11 Parent Rights (LIC 995)	
	12 Personal Rights (LIC 613A)	
	13 Infant / Toddler Needs & Services Plan	
	14 Immunization Records (Yellow cards or other)	
	15 Parent Hand Book	

