



Child Enrollment Form

Doc #6

For Office Use Only

Enroll Date	Student ID	Teacher	Class
-------------	------------	---------	-------

Child Information

Child's Name (last, first, middle)	Social Security #	Age	Birth date
Address	City	State	Zip
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	If languages other than English are spoken in the home, please list below:		
Child's Name (last, first, middle)	Social Security #	Age	Birth date
Address	City	State	Zip
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	If languages other than English are spoken in the home, please list below:		

Parent Information (Father)

Father's Name (last, first, middle)	Social Security #	E-mail Address	
Address (if different from child's)	City	State	Zip
Phone ()	Work Phone ()	Ext.	Cell Phone ()
Employer	Job Title		
Address	City	State	Zip
Marital Status of father:	<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried		



Child Enrollment Form

Doc #6

Parent Information (Mother)

Mother's Name (last, first, middle)		Social Security #	E-mail Address	
Address (if different from child's)		City	State	Zip
Phone ()	Work Phone ()	Ext.	Cell Phone ()	
Employer			Job Title	
Address		City	State	Zip
Marital Status of mother:	<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried			

Emergency Contact

Emergency contact information will be used when the parents cannot be reached.

Name	Relationship	Home Telephone ()	
Home Address	City	State	Zip
Work Address	City	State	Zip
Work Phone ()	Cell Phone ()	Pager Number ()	
Name	Relationship	Home Telephone ()	
Home Address	City	State	Zip
Work Address	City	State	Zip
Work Phone ()	Cell Phone ()	Pager Number ()	



Child Enrollment Form

Doc #6

Name	Relationship	Home Telephone ()	
Home Address	City	State	Zip
Work Address	City	State	Zip
Work Phone ()	Cell Phone ()	Pager Number ()	

Personal References (do not include relatives)

Name	Telephone ()
Address	Number of Years Known
Name	Telephone ()
Address	Number of Years Known
Name	Telephone ()
Address	Number of Years Known



Child Enrollment Form

Doc #6

Note: This enrollment form does not ensure final enrollment, but provides information upon which a decision will be based. The non-refundable registration fee of \$50 is required to guarantee a child's enrollment and must be included with the application. If classes are full, we will refund the registration fee, unless you desire to remain on a waiting list.

Harvest Christian Daycare enrolls children of any race, color, ethnicity, nationality, religion or gender. All children are offered all rights, privileges, and program generally afforded or made available to children at the daycare. It does not discriminate on the basis of race, color, ethnicity, nationality, religion or gender in the administration of its educational policies, admissions policies and other daycare programs.

Declaration:

I have read and understand this application. I affirm that all the information in this application is true and accurate to the best of my knowledge. I understand that providing false information could be reason for rejection of this application or dismissal of my child from Harvest Christian Daycare. I also understand I may be asked to provide additional information, if necessary.

Father or guardian's signature _____
Mother or guardian's signature _____

Date _____
Date _____