

APPLICATION FOR ADMISSION

PERSONAL INFORMATION

ADMISSION DATE _____ SESSION DATE _____
NAME _____
ADDRESS _____
HOURS _____
DATE OF BIRTH _____ PLACE OF BIRTH _____
SEX _____ MARITAL STATUS OF PARENTS _____
FATHER'S/GUARDIAN'S NAME _____
PHONE _____ CELL _____ ADDRESS _____
EMPLOYER'S NAME & ADDRESS _____
PHONE _____ ADDRESS _____
MOTHER'S/GUARDIAN'S NAME _____
PHONE _____ CELL _____ ADDRESS _____
EMPLOYER'S NAME & ADDRESS _____
PHONE _____ ADDRESS _____
CHILD'S PHYSICIAN'S NAME _____
PHONE _____ ADDRESS _____

EMERGENCY CONTACTS OTHER THAN PARENT/GUARDIAN

1) NAME _____ PHONE _____
ADDRESS _____
2) NAME _____ PHONE _____
ADDRESS _____
3) NAME _____ PHONE _____
ADDRESS _____

PERSON AUTHORIZED TO PICKUP CHILD (OTHER THAN PARENT/GUARDIAN)

1) NAME _____ PHONE _____
ADDRESS _____
2) NAME _____ PHONE _____
ADDRESS _____
3) NAME _____ PHONE _____
ADDRESS _____
PARENT/GUARDIAN SIGNATURE _____

DISCHARGE

DISCHARGE DATE _____ REASON _____
PLEASE SIGN HERE AFTER REFERRING TO PARENT HANDBOOK _____ DATE _____