



Children's Enrichment Program Application

Child's Full Name: _____

Child's Nickname: _____ Birth Date: _____

Father's Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City, State Zip: _____

Father's Employer: _____

Employer's Address: _____

Work Phone: _____ Hours: _____

Father's email address: _____

Mother's Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City, State Zip: _____

Mother's Employer: _____

Employer's Address: _____

Work Phone: _____ Hours: _____

Mother's email address: _____

If divorced, which parent has custody? _____

FOR THE CHILD'S SAFETY, LIST ALL OTHER PERSONS TO WHOM THE CHILD MAY BE RELEASED: We also ask that you include an address for each of these individuals.

| <u>Name</u> | <u>Address</u> |
|-------------|----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

EMERGENCY INFORMATION

Name of persons other than operator authorized to act for parent in an emergency or if your child is ill and we cannot contact you.

| <u>Name</u> | <u>Address</u> | <u>Phone</u> |
|-------------|----------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

List any allergies or medical problems:

Name of Physician _____ Phone _____
Address _____

BACKGROUND INFORMATION

Other children and adults in the home: _____ Age _____ School children attend _____

EXPERIENCE WITH OTHERS

What are some of the ways in which your child plays at home?

Does your child play with neighborhood children? _____

If so, how? _____

Does your child usually get his/her own way with other children? _____

If so, how? _____

If not, how does the child react? _____

Is the entire family together for any time during the day? _____

Has your child had any of the following experiences during the past year:

Birth of another child into your family? _____

Moving? _____

Death in the family? _____

Changing schools? _____

Serious illness of child or family member? _____

Separation or divorce of parents? _____

Other? _____

Would you describe your child as: Active Quiet Friendly Shy

List any fears or phobias he/she may have: _____

Is there any other information that we should know about your child? _____

I authorize the school to provide emergency medical care: YES NO

Signature of Parents: _____ Date _____

Pre-registration visit _____