

# Data Enrollment Form

Today's date \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name child prefers to be called \_\_\_\_\_

Address \_\_\_\_\_

Street City Zip Code Phone

Mother's Name \_\_\_\_\_ Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Mother's Home Address \_\_\_\_\_

Street City Zip Code

Mother's Place of Employment \_\_\_\_\_

Address \_\_\_\_\_

Street City Zip Code Phone

Father's Name \_\_\_\_\_ Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Father's Home Address \_\_\_\_\_

Street City Zip Code

Father's Place of Employment \_\_\_\_\_

Address \_\_\_\_\_

Street City Zip Code Phone

Family email \_\_\_\_\_

Church Membership or preference \_\_\_\_\_

Ethnic Origin \_\_\_\_\_

Optional

If neither parent can be reached in an emergency, call \_\_\_\_\_

Address \_\_\_\_\_

Street City Zip Code Phone

**(Over)**

**Child's Physician** \_\_\_\_\_

**Address** \_\_\_\_\_

**Street**

**City**

**Zip Code**

**Phone**

**Child's Dentist** \_\_\_\_\_

**Address** \_\_\_\_\_

**Street**

**City**

**Zip Code**

**Phone**

**Hospital of choice** \_\_\_\_\_

**Address** \_\_\_\_\_

**Street**

**City**

**Zip Code**

**Phone**

**Please list any known allergies and/or diagnosed health issues** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about our school?**

\_\_\_\_\_

**For this school year (2019-2020), were you referred to us by any of our current families? If so, whom may we thank?**

\_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**