



STUDENT ENROLLMENT RECORD

Child's Name: _____ **Birth Date:** _____

Home Address: _____

Sibling(s) Name & Age: _____

Mother's Name: _____

Work Phone: _____

Cell Phone: _____ Email: _____

Employer: _____

Occupation: _____

Father's Name: _____

Work Phone: _____

Cell Phone: _____ Email: _____

Employer: _____

Occupation: _____

Child's Physician: _____ Phone: _____

Person other than parent to notify in case of emergency:

Name: _____ **Phone:** _____

Relationship: _____