

**APPLICATION FOR ENROLLMENT  
SUMMER EXPLORERS 2012**

**Today's Date:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Sex: \_\_\_M \_\_\_F

Child's Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

**Child's Pediatrician:** \_\_\_\_\_

Pediatrician Address: \_\_\_\_\_

Pediatrician Phone: \_\_\_\_\_

**Parents' Status:** \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced

**Mother's Name:** \_\_\_\_\_

Check here if same address as child \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Employer's Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Normal Working Hours:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Check here if same address as child \_\_\_\_\_

Home Address: \_\_\_\_\_

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SUMMER EXPLORERS 2012**

City, State, Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Normal Working Hours: \_\_\_\_\_

**Emergency Contact:**

First contact person: Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

**Whom do we call if unable to contact above persons?**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Additional Emails: \_\_\_\_\_

Name of previous Centers attended: \_\_\_\_\_

**How did you learn of our Center?**

Referral \_\_\_\_\_ Drive-By \_\_\_\_\_ Brochure \_\_\_\_\_ Newspaper \_\_\_\_\_ Yellow Book USA \_\_\_\_\_

Ameritech Pages \_\_\_\_\_ Internet Search (please specify) \_\_\_\_\_ Other \_\_\_\_\_

\*\*\*\*\* SCHOOL USE ONLY \*\*\*\*\*

School Admission Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Registration Fee: \_\_\_\_\_ Paid: \_\_\_\_\_

Class: \_\_\_\_\_ Weekly Fee: \_\_\_\_\_

Care: Day Care: \_\_\_\_\_ Days per Week: \_\_\_\_\_

Preschool: \_\_\_\_\_ Days per Week: \_\_\_\_\_