



2024-2025

Allergies: _____

ENROLLMENT INFORMATION

Child's Name: _____ **Nickname:** _____

Gender Female Male **Birth date** _____ **Primary Phone** _____

Primary Address _____ **City** _____ **Zip** _____

Parent/Guardian #1 _____ **Relationship to child** _____

Primary Address is same as Child's Primary Address Primary Phone is same as Child's Primary Phone

Primary Address _____ **City** _____ **Zip** _____

Primary Phone _____ **Mobile Phone** _____

Company Name _____ **Work Phone** _____

Email Address _____

Publish First Parent's Information in Directory Email Phone Address

Parent/Guardian #2 _____ **Relationship to child** _____

Primary Address is same as Child's Address Primary Phone is same as Child's Primary Phone

Primary Address _____ **City** _____ **Zip** _____

Primary Phone _____ **Mobile Phone** _____

Company Name _____ **Work Phone** _____

Email Address _____

Publish Second Parent's Information in Directory Email Phone Address

Is there any custody arrangement/parenting agreement regarding this child? No Yes **If yes, please provide the office with a copy of the parenting/custody agreement**

For Office Use Only:

Deposit Received: _____ **Date:** _____ **Payment Type:** _____

Class Attending: _____

Admission Date: _____ **Discharge Date:** _____

Parent Responsible for Payment

This parent will receive all invoice and tax information by email/mail.

Health Insurance _____ Phone _____
Insurance Group ID _____ Insurance Group Number _____

Allergies _____

Medicine(s) PRESCRIBED FOR LONG TERM USE _____

Health Medical/Special Needs: _____
Emotional/Behavioral Concerns: _____

Physician _____
Address _____ Phone _____

Emergency Contact Information:

If the parents or guardians cannot be contacted in case of an emergency, please list at least two individuals who should be contacted, within the immediate Chicagoland area. Please, include **names, complete addresses (City and Zip), and telephone numbers.**

I/We authorize the following individuals to pick-up my child.

1. _____
Name Relationship to Child
Address/City/State/Zip Phone

2. _____
Name Relationship to Child
Address/City/State/Zip Phone

I/We authorize the following individuals to pick-up my child:

Names, Complete Addresses, and telephone numbers, other than those not already listed as Emergency contact, who may pick-up child.

1. _____
Name Relationship to Child
Address/City/State/Zip Phone

2. _____
Name Relationship to Child
Address/City/State/Zip Phone

Signature of BOTH parents/guardian are required. If one parent/guardian is unavailable for signature, please include that name on the authorization above.

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date