

Enrollment Form



adventure learning center, ltd.

Identifying Information

Child's Name	Sex	Birthdate
Address (Street, City, State, Zip Code)	Telephone Number ()	
School Child Attends	Telephone Number ()	
Address (Street, City, State, Zip Code)		
Mother/Guardian's Name	Telephone Number ()	
Cell Phone	Pager	
Address (Street, City, State, Zip Code)		
Employed By	Hours of Employment From To	
Address (Street, City, State, Zip Code)	Business Telephone ()	
Father/Guardian's Name	Telephone Number ()	
Cell Phone	Pager	
Address (Street, City, State, Zip Code)		
Employed By	Hours of Employment From To	
Address (Street, City, State, Zip Code)	Business Telephone	

Emergency Contact(s) Other Than Parent(s) or Doctor

Name	Telephone Number ()
Address (Street, City, State, Zip Code)	Relationship to Child
Name	Telephone Number ()
Address (Street, City, State, Zip Code)	Relationship to Child

Persons Authorized to Take Child From Child Care Center Other Than Parents

Name	Name
------	------

