

Reg. Amt	\$
Wkly. Tuition	\$
Class	\$
Total Pd.	\$



# Rising Star Learning Center

## ENROLLMENT FORM

**CHILD'S FULL NAME:** \_\_\_\_\_ **BIRTHDAY:** \_\_\_\_\_ **SEX** \_\_\_\_\_  
**Parent/Guardian** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_  
**HOME ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**CUSTODY ARRANGEMENTS** \_\_\_\_\_

**MOTHER:** \_\_\_\_\_ **SOCIAL SECURITY NO.:** \_\_\_\_\_  
**HOME ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**Place of Employment** \_\_\_\_\_ **Address** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**Work Phone** \_\_\_\_\_ **Ext. No.:** \_\_\_\_\_ **Pager NO.:** \_\_\_\_\_  
**Cellular Phone** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**FATHER :** \_\_\_\_\_ **SOCIAL SECURITY NO.:** \_\_\_\_\_  
**HOME ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**Place of Employment** \_\_\_\_\_ **Address** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**Work Phone** \_\_\_\_\_ **Ext. No.:** \_\_\_\_\_ **Pager NO.:** \_\_\_\_\_  
**Cellular Phone** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

### PERSONS TO CONTACT IN CASE OF AN EMERGENCY

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

### PERSONS TO WHOM CHILD MAY BE RELEASED TO OTHER THAN LEGAL GUARDIANS

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Home Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Home Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

---over please---

Child's Physician or Primary Health Source: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Address \_\_\_\_\_

Does Your Child Have Any Known Allergies:      Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, please list them \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any medical, physical, mental, or emotional problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any special living arrangements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What day care facility was your child in last? \_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_      Date: \_\_\_\_\_