

ENROLLMENT FORM



CHILD'S NAME : _____

Level: _____ Age by Admission: _____

Date of Birth: _____ Sex: M _____ F _____ Nationality: _____
Month/Day/Year

Religion : _____ Languages/Dialects Spoken: _____

Home Address: _____

Home Phone: _____ School Last Attended: _____

FAMILY INFORMATION:

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Occupation: _____ Occupation: _____

Office Phone: _____ Office Phone: _____

Mobile Phone: _____ Mobile Phone: _____

E-mail Add.: _____ E-mail Add.: _____

Brothers and Sisters of Child:

Names	Age	Sex	Grade Level	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

HEALTH INFORMATION:

I hereby grant permission for the staff of The Learning Connection to contact the following medical personnel to obtain emergency medical care if warranted:

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern:

Contacts:

Persons to be contacted in case of emergency:

Names	Contact Numbers	Relationship
_____	_____	_____
_____	_____	_____

Parent's Signature

Date