



ENROLLMENT FORM

Select One: Explorers (Ages 1 - 3.5 years) OR Adventurers (Ages 3.5 -5)

Child's First Name: _____

Child's Last Name: _____

Male **Female** **Birth Date:** _____

Address: _____

City: _____ **Zip:** _____

Parent / Guardian 1	Parent / Guardian 2
First Name:	First Name:
Last Name:	Last Name:
Street Address:	Street Address:
City, State, Zip	City, State, Zip
Personal #	Personal #
Employer:	Employer:
Work #	Work #
Email:	Email:

Emergency Contact Name & Phone: _____



Parent Handbook Acknowledgment of Receipt

Please read this handbook carefully and refer any questions you may have to your Center Director.

After you have read this handbook, please complete this acknowledgment, and return it to your Center Director on or before your child's first day.

I have read and fully understand the guidelines and procedures set forth in the Family Handbook.

I have a copy of this handbook for my personal reference.

Primary Parent or Guardian Full Name (please print)

Child Name(s) (please print)

Primary Parent/Guardian Signature

Date
