



Enrollment Form

Child's Name: _____ Date of Birth: ____ / ____ / ____ Age: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Alternate Phone: _____

Father / Guardian Name: _____

Occupation: _____

Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Mother / Guardian Name: _____

Occupation: _____

Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Name of Current School: _____ Grade Completed: _____

How would you rate your child in relation to his/her school experiences:

- Successful Troubled Difficult Enjoyable Tolerable

Is your child now or has your child ever been enrolled in a Special Education Program? (Please circle one) Yes No

If yes, please explain: _____

Doctor's Name: _____ Phone: _____

Does your child have allergies? (Please circle one) Yes No Explain: _____

Name of Insurance Provider: _____

Group / Policy #: _____ Phone: _____

Signature of Parent / Guardian: _____

Emergency Contacts: (Please provide two contacts)

Contact #1: _____ Phone: _____

Contact #2: _____ Phone: _____

How did you hear about Children of Promise?
