

# ENROLLMENT FORM

Child's Name: \_\_\_\_\_ Gender: Male / Female

Street Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian with whom child resides: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Schedule (Days of Week and Hours): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Schedule (Days of Week and Hours): \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Schedule (Days of Week and Hours): \_\_\_\_\_

Special Notes About Your Child – Habits, Special Needs, Allergies, Etc.:

Emergency Contact(s) –

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Alternate #: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Alternate #: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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To Be Completed By King's Haven

Initial Visit Date: \_\_\_\_\_

Time Contacted: \_\_\_\_\_ AM / PM

Time Arrived: \_\_\_\_\_ AM / PM

All Paperwork Received: Yes / No