

## **Child Pre-Enrollment**

Child's Name:	Start Date:	/ /	/ / Room:						
1) Parent / Guardian Name: Address: Phone Number: Place of Employment: Driver's License #: 2) Parent / Guardian Name: Phone Number: Email: Place of Employment: Driver's License #: State: Social Security #:  2) Parent / Guardian Name: Phone Number: Email: Place of Employment: Driver's License #: State: Social Security #:  Annual Enrollment Fee: \$50 per child (nonrefundable) Deposit: ½ First week tuition per child (nonrefundable) Total Paid: Payment: VISA / MC / Debit Cards / Check / Cash / Other Name on Card: Address: Card # Exp. Date: / /  How Did You Hear About Us: Walk-In Referral Internet ERC/SRS/PBS Child Snap Shot: Gender: Male / Female Exceptional Needs: Services: My child Likes: My child dislikes: Statement of Release for Permission for Non-Custodial Pick-Up: Yes / NO I give permission for Relationship: Phone #	Child's Name:				DOB				
Address:  Phone Number:  Place of Employment:  Driver's License #:  2) Parent / Guardian Name:  Phone Number:  Email:  Place of Employment:  Work Phone:  Phone Number:  Email:  Place of Employment:  Work Phone:  Driver's License #:  State:  Social Security #:  Annual Enrollment Fee: \$50 per child (nonrefundable)  Deposit: ½ First week tuition per child (nonrefundable)  Total Paid:  Payment:  VISA / MC / Debit Cards / Check / Cash / Other  Name on Card:  Card #  Exp. Date:  /  How Did You Hear About Us:  Walk-In Referral Internet ERC/SRS/PBS  Child Snap Shot:  Gender: Male / Female  Exceptional Needs:  Services:  My child Likes:  My child dislikes:  Statement of Release for Permission for Non-Custodial Pick-Up: Yes / NO  I give permission for  Lobe released to the following persons:  Name:  Relationship:  Phone #	FT / PT	Days of Atte	endances:	Mon	Tue	Wed	Thu	Fri	
Address:  Phone Number:  Place of Employment:  Driver's License #:  2) Parent / Guardian Name:  Phone Number:  Email:  Place of Employment:  Work Phone:  Phone Number:  Email:  Place of Employment:  Work Phone:  Driver's License #:  State:  Social Security #:  Annual Enrollment Fee: \$50 per child (nonrefundable)  Deposit: ½ First week tuition per child (nonrefundable)  Total Paid:  Payment:  VISA / MC / Debit Cards / Check / Cash / Other  Name on Card:  Card #  Exp. Date:  /  How Did You Hear About Us:  Walk-In Referral Internet ERC/SRS/PBS  Child Snap Shot:  Gender: Male / Female  Exceptional Needs:  Services:  My child Likes:  My child dislikes:  Statement of Release for Permission for Non-Custodial Pick-Up: Yes / NO  I give permission for  Lobe released to the following persons:  Name:  Relationship:  Phone #	1) Parent / Guardia	ın Name:							
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Place of Employment:	Phone Number:		Email:						
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Driver's License #:State:Social Security #:  Annual Enrollment Fee: \$50 per child (nonrefundable)  Deposit: ½ First week tuition per child (nonrefundable)  Total Paid:  Payment: VISA / MC / Debit Cards / Check / Cash / Other  Name on Card:Address:  Card # Exp. Date: /  How Did You Hear About Us: Walk-In Referral Internet ERC/SRS/PBS  Child Snap Shot:  Gender: Male / Female  Exceptional Needs:  Services:Allergies:  My child Likes:  My child dislikes:  Statement of Release for Permission for Non-Custodial Pick-Up: Yes / NO  I give permission for to be released to the following persons: Name: Relationship: Phone #									
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	I give permission for		to be	released	to the	followin			