



## Enrollment Form

### FINANCIALLY RESPONSIBLE PARTY

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home Phone : \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### OTHER PARENT/GUARDIAN

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home Phone : \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### CHILDREN ON THIS ACCOUNT

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ girl/boy

Medical alert/allergies/physical limitations \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ girl/boy

Medical alert/allergies/physical limitations \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ girl/boy

Medical alert/allergies/physical limitations \_\_\_\_\_

**How did you hear about us?** Friend's Name: \_\_\_\_\_

*(They will receive a \$10.00 credit when you enroll in a class)*

Yellow Pages Web Page Drive By Newspaper Demonstration Other: \_\_\_\_\_

**May we use photos of your child/children for advertising purposes?** Yes/No

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