

ENROLLMENT FORM

Please completely fill out this form. Accurate information is necessary so that we may best serve your child. It is your responsibility to notify us immediately of any changes in employment or residence.

PUPIL'S NAME _____ DATE OF BIRTH _____ SEX _____

ADDRESS _____ CITY _____ ZIP CODE _____

FATHER _____ HOME PHONE _____

MOTHER _____ HOME PHONE _____

LEGAL GUARDIAN _____ HOME PHONE _____

ADDRESS _____

MOTHER'S EMPLOYER _____ SUPERVISOR: _____

ADDRESS _____ MS# _____ PG# _____

PHONE _____ WORK HOURS: FROM _____ TO _____

CELL PHONE NUMBER _____ E-MAIL: _____

FATHER'S EMPLOYER _____ SUPERVISOR: _____

ADDRESS _____ MS# _____ PG# _____

PHONE _____ WORK HOURS: FROM _____ TO _____

CELL PHONE NUMBER _____ E-MAIL: _____

FERMI EMPLOYEE/USER/CONTRACTOR ID NUMBER: FATHER: _____ MOTHER: _____

PLEASE LIST ALL SIBLINGS AND THEIR AGES _____

SCHEDULE PREFERENCE:
(Please circle)

HALF DAY

FULL DAY

AM PM

INFANT PROGRAM

DAYS AT CENTER: M T W TH F

PRE-TODDLER PROGRAM

HOURS: FROM _____ TO _____

TODDLER PROGRAM

TOTAL HOURS PER DAY AT CENTER _____

DAY-CARE PROGRAM

START DATE AT CENTER _____