

## 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# \_\_\_\_\_

PHONE \_\_\_\_\_ WORK HOURS: FROM \_\_\_\_\_ TO \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_ E-MAIL: \_\_\_\_\_

FATHER'S EMPLOYER \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

ADDRESS \_\_\_\_\_ MS# \_\_\_\_\_

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 Preferences:

Half Day AM or PM

Full Day

Days at Center: M T W TH F

Hours: From \_\_\_\_\_ To \_\_\_\_\_

Start Date at Center: \_\_\_\_\_

What ages are child(ren) on start date: \_\_\_\_\_