

The Whole Child Learning Center, Inc.

Enrollment Form

A Non-refundable security deposit is due with this enrollment form

****Secure your child's future today**

****Please take the time to fill this form out neatly so our information is accurate****

First Parent/Guardian Information

Last Name: _____ Home Number: _____
First Name: _____ Work Number: _____
Nickname: _____ Extension: _____
Address: _____ Other Phone: Cell _____
Pager _____

Birthdate: _____
Driver's License Number: _____ Social Security Number: _____
Employer: _____
Employer Address: _____ Work Hours: _____

Relationship to child: _____
Email address: _____
Did one of our families recommend us (please provide name)? _____
If not, How did you hear of us? _____

Second Parent/Guardian Information

Last Name: _____ Home Number: _____
First Name: _____ Work Number: _____
Nickname: _____ Extension: _____
Address: _____ Other Phone: Cell _____
Pager _____

Birthdate: _____
Driver's License Number: _____ Social Security Number: _____
Employer: _____
Employer Address: _____ Work Hours: _____

Relationship to child: _____

Child/ren's Information

Last Name: _____	Last Name: _____	Last Name: _____
First Name: _____	First Name: _____	First Name: _____
Nickname: _____	Nickname: _____	Nickname: _____
Date of Birth: _____	Date of Birth: _____	Date of Birth: _____

Desired Start Date: _____
Desired Schedule: _____

Medical Information

Dr. Name: _____	Dentist Name: _____	Hospital: _____
Address: _____	Address: _____	Phone #: _____
Phone #: _____	Phone #: _____	

Parent Signature: _____ Date: _____