



1696 Memorial Drive | Atlanta, GA 30317

(Please fill in application completely)

Date of Enrollment _____

Child's Name: _____ Nickname: _____

Birthdate: _____ Current Age: _____ Sex: _____

Address: _____ City/State: _____

Phone Number: _____ Zip Code: _____

Circle days to attend: Monday Tuesday Wednesday

Thursday Friday Saturday

Father/Guardian: _____ Home Number: _____

Address: _____ City: _____ State: _____

Place of Employment: _____ Work Phone: _____

Address: _____ City: _____ State: _____

Work Hours: _____ Driver's License No: _____

Mother/Guardian: _____ Home Number: _____

Address: _____ City: _____ State: _____

Place of Employment: _____ Work Phone: _____

Address: _____ City: _____ State: _____

Work Hours: _____ Driver's License No: _____

Living Arrangements: (circle one) With Mother With Father With Both

With Guardian (Name) _____

Parent's Marital Status: Married Single Divorced

If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? _____

(If yes, include in release section. If no, documentation from the court may be required.)

My child has the following special needs: _____

The following special accommodations may be required to most effectively meet my child's needs while at this center: _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____

Print Parent/Guardian Name

Date

Signature Parent/Guardian Name

Date

***Note: Prospective applicants will receive consideration with out discrimination because of race, creed, color, sex, age, national */origin or handicap.**

EMERGENCY CONTACTS
(OTHER THAN PARENTS/GUARDIAN)

Name _____ Phone no. _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone no. _____

Address _____ City _____ State _____ Zip _____

MY CHILD(REN) MAY BE RELEASED TO THE PERSONS LISTED BELOW

Name: _____ Relationship to Child _____

Phone: _____ Address: _____

City: _____ State _____ Zip _____

Name: _____ Relationship to Child _____

Phone: _____ Address: _____

City: _____ State _____ Zip _____

Name: _____ Relationship to Child _____

Phone: _____ Address: _____

City: _____ State _____ Zip _____

Name: _____ Relationship to Child _____

Phone: _____ Address: _____

City: _____ State _____ Zip _____

Print Parent/Guardian Name

Date

Signature Parent/Guardian Name

Date