Start Right Preschool and Childcare Center Enrollment Form

Child's Information

First Name: _____ Last Name: _____

Sex: Male or Female   Birthday: ___ / ___ / _____

Address: _____

_____

_____

Allergies: _____

_____

_____

_____

Parent's Information

First Name: _____ Last Name: _____

Drivers License: _____ SSN#: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Work Name: _____

Work Address: _____

_____

_____

Hours per week: _____

Parents Signature _____
Printed (First and Last)_____

Parent's Information

First Name: _____ Last Name: _____

Drivers License: _____ SSN#: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Work Name: _____

Work Address: _____
_____
_____

Hours per week: _____

Parents Signature _____
Printed (First and Last)_____