



Miss Marie's Learning Center

Enrollment Form

School Year _____

New Student _____ Returning Student _____ Male _____ Female _____

Student Name _____

Sessions: 5 full days _____ 4 full days _____ 3 full days _____ Half days _____ Extended care _____

Hours my child will be in school: From _____ a.m. to _____ p.m.

Father's Name _____ Home Address _____

Profession _____ Employed by _____

Home phone _____ Work phone _____ Cell phone _____

E-mail address _____

Mother's Name _____ Home Address _____

Profession _____ Employed by _____

Home phone _____ Work phone _____ Cell phone _____

E-mail address _____

Person responsible for billing: Father _____ Mother _____

Emergency Names & Numbers (2 please)

Name _____ Relationship _____ Phone number _____

Address _____ Work or Cell number _____

Name _____ Relationship _____ Phone number _____

Address _____ Work or Cell number _____

I authorize the above persons to act on my behalf if I cannot be reached in case of emergency.

Signature _____

In case of an emergency, I authorize the following persons to pick my child up from school.

Name _____ Relationship _____ Phone number _____

Address _____ Work or Cell number _____

Child's Doctor - Name _____ Phone: _____

Child's Dentist - Name _____ Phone: _____

Please list all your child's allergies or special needs _____