

For Office Use Only
Date of Registration _____
Date of Termination _____



Enrollment Application
Please fill in application completely and legibly

Name of Child: _____
(Last Name) (First Name) (Initial)

Address: _____ City: _____ Zip: _____

Phone Number: _____ Date of Birth: _____ Sex: M F

Circle days to attend	AM	Mon	Tues	Wed	Thurs	Fri	Arrival Time	Departure Time
	PM	Mon	Tues	Wed	Thurs	Fri	Arrival Time	Departure Time

Meals to attend Breakfast AM Snack Lunch PM Snack

Enrolling Parent/Guardian Name: _____

Relationship to Child: _____ Driver's License #: _____

Address: _____ City/State/Zip: _____

E-mail Address: _____ Home Phone #: _____

Cell Phone #: _____

Employer: _____ Work Phone #: _____ Extension #: _____

Address: _____ City/State/Zip: _____ Work Hours: _____

Parent/Guardian Name: _____

Relationship to Child: _____ Driver's License #: _____

Address: _____ City/State/Zip: _____

E-mail Address: _____ Home Phone #: _____

Cell Phone #: _____

Employer: _____ Work Phone #: _____ Extension #: _____

Address: _____ City/State/Zip: _____ Work Hours: _____

Parents Marital Status: Married Divorced Single **Primary Residence:** Both Mother Father Guardian _____

If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? Yes No

Koala-T Care Learning Center must be provided with court issued custody papers that clearly describe the custody arrangements. Any persons who are authorized to pick up the child at such times, unless court papers state otherwise.

The Child will be released only to the people on this application and the following persons:

Name: _____ Address: _____

Phone Number: _____ Cell #: _____

Name: _____ Address: _____

Phone Number: _____ Cell #: _____

Name: _____ Address: _____

Phone Number: _____ Cell #: _____

Enrolling Parent/Guardian Signature: _____ **Date:** _____

Center Director Initials _____ **Date:** _____