



Enrollment Form

Child's Information:
of Enrollment: _____

Date

Full Name: _____

Last

First

M. I.

Nickname

Date of Birth: Month _____ Day _____ Year _____

Race: Caucasian/White African American/Black Puerto Rican
Asian/Pacific Islander
 Other

Child's Physical Address: _____

Home Phone: _____ Cell: _____

School: _____ Grade: _____

Family Information:

Mother's Name: _____ Father's
Name: _____

Address: _____ Address: _____

Email: _____ Home Phone: _____

Work Phone: _____ Cell: _____ Work Phone:
_____ Cell: _____

Custody: Mother Father both other (i.e. Relative,
Agency) _____

Child Referred By:

Name: _____ Relationship to Child: _____



Phone: _____

Emergency and/or Alternative Contact Person will be contacted and is authorized to remove the child from the facility in case of illness, accident or emergency, in the event, the custodial parent or legal guardian cannot be reached.

Name: _____ Relationship to Child:

Home Phone: _____ Cell Phone:

Name: _____ Relationship to Child:

Home Phone: _____ Cell Phone:

Other Helpful Information about Child:

How did you learn of our services? (Check all that apply)

- Girls with Sole Event Web Site Face book Friend/Family Member



Social Service Agency (specify)

Other (specify)

Child's Signature

Date

Signature Parent or Legal Guardian

Date