



Child Enrollment Information

Child Information			
Child's Name:	Date of Birth:		
Address:	City:	State:	ZIP:
Allergies, special instructions, comforting items:			

Parent/Guardian Information (1)			
Name:	Relationship to child:		
Address: <small>(if different than child)</small>	City:	State:	ZIP:
Home #:	Cell #:	Work #:	
Email (personal):	Email (work):		
Place of work:	Address:		
Parent/Guardian Information (2)			
Name:	Relationship to child:		
Address: <small>(if different than child)</small>	City:	State:	ZIP:
Home #:	Cell #:	Work #:	
Email (personal):	Email (work):		
Place of work:	Address:		

Emergency Contact (1)			
Name:	Relationship to child:		
Address:	City:	State:	
Home #:	Cell #:	Work #:	
Email (personal):	Email (work):		
Emergency Contact (2)			
Name:	Relationship to child:		
Address:	City:	State:	
Home #:	Cell #:	Work #:	
Email (personal):	Email (work):		

Emergency Contact (3) – Out-of-Area/Out-of-State		
Name:	Relationship to child:	
Address:	City:	State:
Home #:	Cell #:	Work #:
Email (personal):	Email (work):	

Medical Information		
Child's Doctor's Name:	Phone #:	
Address:	City:	State:
Preferred Hospital to Contact:	Phone #:	
Address:	City:	State:

Child's Dentist's Name:	Phone #:	
Address:	City:	State:

Does your child have any special needs that I need to be aware of? _____

Persons allowed to pick up my child if I am unable to: (Also list emergency contacts below if you want to allow them to pick up your child)		
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:
Any one NOT allowed to pick up my child (with copy of court order, if applicable):		

Session Preference (List 1st, 2nd, 3rd choices) _____ MWF _____ TTH _____ M-F If your 1st choice class is already filled, your child will automatically be put on the waiting list for that class and will be enrolled in your 2nd choice, unless otherwise specified.

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

 Date form received _____ Fee enclosed _____ Check # _____
 Confirmation Sent _____ Class Session Assigned _____ Choice _____

Priority Registration: CTK Member, Returning, Sibling