



Early Learning Center Enrollment Form

Circle One: ELC 2's M/W/F ELC 2's T/TH ELC 3's 4 days ELC 3's 5 days ELC 4's 5 days

Child's Information:

Child's Name _____ Nickname _____ Age _____ Sex M F
Birth date _____ Place of Birth _____
Home Address _____ City _____ Zip _____
Home Telephone Number _____

Does your child have any medical concerns or allergies? Please list:

Parent / Guardian Information:

Mother _____ Stepmother _____ Guardian _____
Name _____ Home Phone _____
Home Address _____ City _____ Zip _____
Place Employed _____
Occupation _____
Work Address _____ Work Phone _____
Hours _____ Cell Phone or Pager Number _____
Email address: _____

Father _____ Stepmother _____ Guardian _____
Name _____ Home Phone _____
Home Address _____ City _____ Zip _____
Place Employed _____
Occupation _____
Work Address _____ Work Phone _____
Hours _____ Cell Phone or Pager Number _____
Email address: _____

How did you hear about our program? _____

Parent/Guardian Signature: _____

If signing this form electronically, please check the box below:

[] I acknowledge that my electronic signature indicates the information provided on this form is accurate and complete. I authorize the Park District to utilize this information as required for enrollment in Early Learning Center.