

Enrollment Form- High Scope Learning Care



Enrollment Date



Month Day Year

Exit Date



Month Day Year

Child's Name

Age

Date Of Birth



First Name Last Name

Month Day Year

Gender

Parent's Names

Mother's Place of Employment

Phone Number

Area Code

Phone Number

Father's Place of Employment

Phone Number

Area Code

Phone Number

Home Address

Phone Number

Area Code

Phone Number

Email

example@example.com

Child Doctor's Name

First Name Last Name

Doctor's Phone Number

Area Code Phone Number

Emergency Contact Name1

First Name Last Name

Phone Number

Area Code Phone Number

Emergency Contact Name 2

First Name Last Name

Phone Number

Area Code Phone Number

Emergency Contact Name 3

First Name Last Name

Phone Number

Area Code Phone Number

Signature

Date



Month Day Year