



2016/2017 Enrollment Form Update

Please complete this form in its entirety to update your child's information. Thank you.

Child's Name _____ Birthdate _____ Gender _____

My child is enrolled for the following days for Fall 2016:

	Mon.	Tues.	Wed.	Thurs.	Fri.
FULL DAY	_____	_____	_____	_____	_____

At the following location: Elmhurst Geneva LaGrange LaGrange Highlands
 Naperville St. Charles South Naperville Western Springs Wheaton

Child's Home Address _____ Primary Phone _____

Primary Email _____ Secondary Email _____

Parent/Guardian Information:

Parent or Guardian's Name _____ Cell # _____

Parent's Address *(if different from child)* _____

Parent's Driver's License # _____ Marital Status _____

Parent's Employer _____ Occupation _____

Work Address _____ Work Phone _____

Parent or Guardian's Name _____ Cell # _____

Parent's Address *(if different from child)* _____

Parent's Driver's License # _____ Marital Status _____

Parent's Employer _____ Occupation _____

Work Address _____ Work Phone _____

OVER

Child's Name _____ Today's Date _____

If neither parent can be reached in case of an emergency call:

Name _____ Address _____

Phone _____

Name _____ Address _____

Phone _____

Name _____ Address _____

Phone _____

Persons designated to pick up child other than parents:

Name _____ Address _____

Phone _____

Name _____ Address _____

Phone _____

Persons NOT permitted to pick up child: _____

Child's Doctor's Name _____ Address _____

City _____ Phone _____

Child's Dentist's Name _____ Address _____

City _____ Phone _____

Any allergies/food restrictions (i.e. vegetarian) _____

Other children in family (please list birthdate of each) _____

Previous schools attended _____

Anticipated elementary school _____

Child's anticipated arrival time _____ Child's anticipated pickup time _____

THANK YOU!