

# ENROLLMENT FORM UPDATE 2020/2021

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

My child is enrolled for the following days for Fall 2020:

Monday      Tuesday      Wednesday      Thursday      Friday

At the following location:

Arlington Heights      Elmhurst      Geneva      Glenview      Hinsdale  
LaGrange      LaGrange Highlands      Naperville      South Naperville  
St. Charles      Western Springs      Wheaton

Child's Home Address \_\_\_\_\_ Primary Phone \_\_\_\_\_  
\_\_\_\_\_

Allergies/ Food Restrictions/ EpiPen \_\_\_\_\_  
\_\_\_\_\_

Primary Email \_\_\_\_\_ Secondary Email \_\_\_\_\_

Parent/ Guardian Information:

Parent or Guardian's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

See 2<sup>nd</sup> Page



CHILD'S NAME \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Persons designated to pick up child other than parents:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Persons NOT permitted to pick up child: \_\_\_\_\_

Child's Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Child's Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Other children in family (please list birthdate of each) \_\_\_\_\_

Previous schools attended \_\_\_\_\_

Child's anticipated arrival time \_\_\_\_\_ Child's anticipated pickup time \_\_\_\_\_

Thank You