

Learning Ladder Child Enrollment Form

Please print legibly and clearly using a Black or Blue Ink pen

Child Information					
Child's Full Name				Nickname	
Male		Female		Birth Date	
				Grade (2011-2012 school year)	
Lives With:	Both Parents	Mother	Father	Other Please List	

Parent/Guardian Information					
Parent/Guardian				Relation to Child	
Street Address			City		Zip
Home Phone		Cell Phone		Work Phone	
Email Address					
Place of Employment					
Daytime Address			City		Zip
Parent/Guardian				Relation to Child	
Street Address			City		Zip
Home Phone		Cell Phone		Work Phone	
Email Address					
Place of Employment					
Daytime Address			City		Zip

Medical Information					
Medical Facility				Phone	
Physician				Phone	
Address				City	
				Zip	
Yes	No	I give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.			
Please list any medical conditions, allergies or special care instructions					

Daily Attendance Schedule					
	Monday	Tuesday	Wednesday	Thursday	Friday
Typical Drop Off Time					
Typical Pick Up Time					

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Emergency Contacts and Authorized Pick Up Persons

Name		Relationship to Child	
Check One Or Both	Emergency Contact	Authorized to Pick Up	
Home Phone	Cell Phone	Work Phone	
Home Address		City	
Place of Employment			
Work/Daytime Address		City	

Name		Relationship to Child	
Check One Or Both	Emergency Contact	Authorized to Pick Up	
Home Phone	Cell Phone	Work Phone	
Home Address		City	
Place of Employment			
Work/Daytime Address		City	

Name		Relationship to Child	
Check One Or Both	Emergency Contact	Authorized to Pick Up	
Home Phone	Cell Phone	Work Phone	
Home Address		City	
Place of Employment			
Work/Daytime Address		City	

Name		Relationship to Child	
Check One Or Both	Emergency Contact	Authorized to Pick Up	
Home Phone	Cell Phone	Work Phone	
Home Address		City	
Place of Employment			
Work/Daytime Address		City	

Signature

I hereby declare that all information provided is complete and accurate to the best of my knowledge. Any changes to this or other form will be provided in writing. I have received a copy of Learning Ladder's policy manual, and agree to abide by all policies, rules, and procedures.

Parent Name	
Parent Signature	Date
Parent Name	
Parent Signature	Date