



# Imagination Childcare Academy

## ENROLLMENT APPLICATION



BASIC INFORMATION			
ADMISSION DATE		DISCHARGE DATE	
GENDER		BIRTHDATE	
CHILD'S NAME			
CHILD'S ADDRESS			
PARENT/GUARDIAN MARITAL STATUS: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed			
PRIMARY RESIDENCE: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other _____			
PRIMARY CONTACT AND RELEASE PERSONS			
PARENT / GUARDIAN #1 NAME			
ADDRESS		CELL PHONE	
		EMAIL	
NAME OF EMPLOYER		WORK SCHEDULE	
		WORK PHONE	
PARENT /GUARDIAN #2 NAME			
ADDRESS		CELL PHONE	
		EMAIL	
NAME OF EMPLOYER		WORK SCHEDULE	
		WORK PHONE	
FAMILY MEMBERS YOUR CHILD LIVES WITH			
NAME		AGE	RELATIONSHIP
NAME		AGE	RELATIONSHIP
NAME		AGE	RELATIONSHIP
NAME		AGE	RELATIONSHIP
NAME		AGE	RELATIONSHIP
NAME		AGE	RELATIONSHIP
CHILD'S PROJECTED ATTENDANCE SCHEDULE			
HOURS OF OPERATION MONDAY-FRIDAY 7AM-6PM			
Days (Check all days that child will attend)		Drop Off Time	Pick Up Time
MON		<input type="checkbox"/> AM	<input type="checkbox"/> PM
TUES		<input type="checkbox"/> AM	<input type="checkbox"/> PM
WED		<input type="checkbox"/> AM	<input type="checkbox"/> PM
THURS		<input type="checkbox"/> AM	<input type="checkbox"/> PM
FRI		<input type="checkbox"/> AM	<input type="checkbox"/> PM