



# 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"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
TUES <input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
WED <input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
THURS <input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
FRI <input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM