

# CHILDREN'S ENROLLMENT FORM

363 COBB PARKWAY  
S.MARIETTA GA 30060



Entrance Date: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Home Address (Street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Father's Home Address (if different from child's) Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer's Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Mother's Home Address (if different from child's) Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer's Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Living Arrangements: (check one)

☐ Both Parents ☐ Mother ☐ Father ☐ Other: \_\_\_\_\_

Child's Legal Guardian(s): (check one)

☐ Both Parents ☐ Mother ☐ Father ☐ Other: \_\_\_\_\_

The child may be released to the person(s) signing this agreement or to the following:

\*Name: \_\_\_\_\_

Address (Street-City-State-Zip): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_