

## Application for Enrollment - Please print clearly

Circle One:    **Session A** - Wednesday (9:15am - 10:30am)   or   **Session B** - Wednesday 11:15am - 12:30pm

Child's Name: \_\_\_\_\_

First

Last

Prefers to be called: \_\_\_\_\_

Current Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Contact: Name/Phone: \_\_\_\_\_

Siblings: (names and ages) \_\_\_\_\_

Does your child have any medical or health problems, including allergies or asthma or does your child regularly take any medication?      Yes      No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Any other comments regarding your child, i.e. specific fears, dislikes, etc...

\_\_\_\_\_

List three words that best describe your child: \_\_\_\_\_

Please initial the following:

I consent that my child may be photographed for submission into neighborhood newspapers or the Little Chickpeas Facebook Page    Yes      No **[Initial One]**

I understand I will not leave my child unattended at any point during any session.    **Initial here**  \_\_\_\_\_

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

**PLEASE MAKE YOUR CHECKS PAYABLE TO: Little Chickpeas LLC**  
**Pay on website: [www.littlechickpeas.com](http://www.littlechickpeas.com)**