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 photographed for submission into neighborhood newspapers or the Little Chickpeas Facebook Page x_____Yes x_____No **[Initial One]**

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

_____ _____
Parent Signature Date

PLEASE MAKE YOUR CHECKS PAYABLE TO: Little Chickpeas
Pay on website: www.littlechickpeas.com