Small World Learning Center

ENROLLMENT APPLICATION AND AUTHORIZATION

Child's Name _____
LAST NAME FIRST NAME INITIAL

Address _____ City / State / ZIP _____

Phone _____ Date of Birth _____ ❑ Male ❑ Female

Date of Enrollment _____ Child's Age at Enrollment _____

Days You Wish Your child to Attend: ❑ Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday

Arrival Time _____ Departure Time _____

For Grade School Students: Public Elementary School Attending _____

Transportation Needs: ❑ _____AM and / or _____PM

PARENT INFORMATION

Mother / Guardian _____ _____
LAST NAME FIRST NAME ODL

Address _____ City / State / ZIP _____

Place of Employment _____ City / State / ZIP _____

Hours Worked _____ Work Phone _____ Ext. _____

Cell # _____ Email _____

Father / Guardian _____ _____
LAST NAME FIRST NAME ODL

Address _____ City / State / ZIP _____

Place of Employment _____ City / State / ZIP _____

Hours Worked _____ Work Phone _____ Ext. _____

Cell # _____ Email _____

Parent's Marital Status: ❑ Married ❑ Single ❑ Divorced

Child's Primary Residence: ❑ Mother ❑ Father ❑ Both ❑ Guardian _____

May the non-custodial parent pick up the child? ❑ Yes ❑ No
IF YES, INCLUDE NAME IN THE SECTION BELOW. IF NO, DOCUMENTATION FROM THE COURT MAY BE REQUIRED.

The child will be released only to the people on this application and the following names:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____