Enrollment Form

Every Child is Special

4703 South Canyon Rd
Rapid City, SD 57702
(605) 721-3770

Immunization Records must be turned in with Enrollment Form

Family Information

Last Name	First Name	MI	Last Name	First Name	MI

Relationship to Child	Relationship to Child

Street Address	Street Address

Apartment/Unit	Apartment/Unit

City	State	Zip Code	City	State	Zip Code

Home Phone	Work Phone	Ext.	Home Phone	Work Phone	Ext.

Cell Phone	Email Address	Cell Phone	Email Address

Child Information

Last Name	First Name	MI	Last Name	First Name	MI

Sex	Date of Birth	Sex	Date of Birth

Emergency Contact	Emergency Phone	Emergency Contact	Emergency Phone

Dentist	Dentist Phone	Dentist	Dentist Phone

Doctor	Doctor Phone	Doctor	Doctor Phone

Insurance Provider	Policy Number	Insurance Provider	Policy Number

Known Allergies	Known Allergies

Emergency Care Authorization

I certify that I am a parent or legal guardian of the child or children named above and give consent for emergency medical care, surgical treatment, and/or transportation to a care facility should my child's condition require it in my absence. I understand that, time and conditions permitting, reasonable attempts will first be made to contact me and any designated representatives in such a case. I hereby assume all financial responsibility for such actions taken on the behalf of my child.

Parent / Legal Guardian's Signature _____ Date

OFFICE USE ONLY

Tuition: $ _____ **Classroom:** _____ **Enrolled:** _____

Billing Cycle: _____ **Program:** _____ **Enrolled by:** _____