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ENROLLMENT APPLICATION

Complete 1 form for each child

Child Information:

First Name: _____ Last Name: _____ M.I.: _____

Date of Birth: _____ Male: Female:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent Information:

Mother

Name: _____

SS#: _____ - _____ - _____ Employer: _____

Position: _____ Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email: _____

Father

Name: _____

SS#: _____ - _____ - _____ Employer: _____

Position: _____ Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email: _____

Child Lives With: Both Parents Mother Father Legal Guardian

Legal Guardian Name: _____

Address: _____ Phone _____

Who is authorized to pick-up child (check all that apply)

Father Mother Legal Guardian (provide contact info below) Other (provide contact info below)

Emergency Contacts / Authorized to Pick-up Child:

Name: _____ Relation to Child: _____

Address: _____ Phone: _____

Name: _____ Relation to Child: _____

Address: _____ Phone: _____

Name: _____ Relation to Child: _____

Address: _____ Phone: _____

Payment Method: Self-Pay Block Grant

Who is responsible for payment / charges not covered by Block Grant:

Father Mother Legal Guardian Other _____

How did you hear about us?

Facebook Web Search Referral Existing/previous customer

Passed by building Other _____

Please include additional information / comments below:

By checking this box, I certify the information provided on this form is correct.

Print Name: _____ **Signature:** _____

Date: _____