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CHILD ENROLLMENT FORM

PROGRAM:

Days: _____

Time: _____

Enrollment Date: _____

Password: _____

Child's Name: _____

Preferred Name: _____ Address: _____

City/State: _____ Zip Code: _____ Phone: _____

Birth Date: _____ Sex: M F **MEDIA RELEASE** YES NO

FAMILY INFORMATION

Marital Status: Married Divorced Separated Widowed Single

Mother's Name: _____ **Father's Name:** _____

Address: _____ Address: _____

Driver's License #: _____ Driver's License #: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email Address: _____ Email Address: _____

PERSONS PERMITTED TO PICK-UP THE CHILD

Mother: YES NO **Father:** YES NO **Other-Parent(s):** _____

Others- Name: _____ Relationship: _____ Phone Number: _____

MEDICAL INFORMATION

Allergies: _____

Physician's Name: _____ Phone: _____

Persons to be called in case of an emergency, in the event that the parent(s) cannot be reached:

1. _____ Phone: _____

2. _____ Phone: _____

This signature is to verify the information above is true and to the best of my knowledge and to authorize the persons above to pick up the child.

Parent Signature: _____ **Date:** _____