

Early Childhood School Enrollment Form

Date Form Completed: _____ Date Form Received (completed by school): _____

Child's Name: _____ Age: _____ Birth Date: _____
Gender: Male Female Child has an IEP: Yes No Integrated Peer: Yes No
Physical Address: _____ City: _____ State: _____ Zip: _____

Mother's Name: _____ Address same as child: Yes No
Physical Address: _____ City: _____ State: _____ Zip: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Primary Phone Number: _____ Email Address: _____
Employer Name: _____ Employer Phone Number: _____

Father's Name: _____ Address same as child: Yes No
Physical Address: _____ City: _____ State: _____ Zip: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Primary Phone Number: _____ Email Address: _____
Employer Name: _____ Employer Phone Number: _____

Step-Mother's Name: _____ Address same as child: Yes No
Physical Address: _____ City: _____ State: _____ Zip: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Primary Phone Number: _____ Email Address: _____
Employer Name: _____ Employer Phone Number: _____

Step-Father's Name: _____ Address same as child: Yes No
Physical Address: _____ City: _____ State: _____ Zip: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Primary Phone Number: _____ Email Address: _____
Employer Name: _____ Employer Phone Number: _____

Guardian's Name: _____ Address same as child: Yes No
Physical Address: _____ City: _____ State: _____ Zip: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Primary Phone Number: _____ Email Address: _____
Employer Name: _____ Employer Phone Number: _____

Child lives with: (please check all that apply)

Mother Father Step-Parent Grandparent Guardian Other
Please check all that apply: English Second Language Immigrant Homeless/Migrant

Are you sharing housing with other persons due to loss of housing, economic hardship, or a similar reason? Yes No

Are you currently residing in a motel, hotel, in a car, or at a campsite because your home has been damaged or because of economic reasons? Yes No

Are you currently living in a temporary housing arrangement due to economic hardship?
Yes No

Please Explain IF you answered Yes to ANY of three questions above:

Emergency Medical Care

In case your child becomes ill or injured at school and the parents cannot be reached at the provided phone numbers, please contact the following family/friends who live in or near the district area and would be able to pick up or direct care for your child:

Name: _____

Phone number: _____

Relationship: _____

Name: _____

Phone number: _____

Relationship: _____

In the **unlikely event** of an emergency where no contact can be reached, your child will be taken to the nearest available care facility.

Name of ALL siblings in the home:	_____	Age: _____	Grade: _____
	_____	Age: _____	Grade: _____
	_____	Age: _____	Grade: _____
	_____	Age: _____	Grade: _____
	_____	Age: _____	Grade: _____
	_____	Age: _____	Grade: _____
	_____	Age: _____	Grade: _____
	_____	Age: _____	Grade: _____
	_____	Age: _____	Grade: _____

Name of person Completing Form: _____