(Office use only) ADMISSION DATE_____

Claire's Christian Day School

Mother's Day Out Enrollment Form
2010 – 2011

Name of Child: _____ _____ _____
First Middle Last

Birthdate (mm/dd/yyyy) _____ Boy: ___ Girl: ___ Age as of September 1st, 2010: ____

Parents: _____ _____
Mother Father

Address: _____

City: _____ Zip: _____

Home phone: _____ Email: _____

Father's Occupation: _____ Phone: _____
Cell: _____

Mother's Occupation: _____ Phone: _____
Cell: _____

Siblings: _____ ____ , _____ ____ , _____ ____ , _____ ____
Name Age Name Age Name Age Name Age

Does your child have any special problems or allergies? _____
_____

Has your child had any hospital stay in the last 12 months? Yes___ No___
If yes, please explain: _____
_____

Previous School Experience: _____

Local Church Affiliation: _____

Doctor Information

Name: _____ Phone: _____

Address:_____

PLEASE FILL OUT **ALL FIELDS**

If your child does not yet eat table foods, please enclose a signed dated copy of written feeding instructions.

I understand that my child's enrollment is secured with the payment of the registration fee and first month's tuition, and these fees will not be refunded regardless of circumstance.

Parent's Signature_____ Date (mm/dd/yyyy) _____