

SAPPINGTON CHILD CARE CENTER
9915 EMIL AVENUE
ST. LOUIS, MO 63126
314-843-4971

SCHOOL AGE CHILD ENROLLMENT FORM

Child's Last Name _____ First Name _____ Sex: M F

Date of Birth _____ Morning _____ Afternoon _____ Days Attending: M T W Th F

School Child Attends _____ Grade _____

Parent Information:

Full Name _____	Full Name _____
Home Address _____	Home Address _____
City/Zip _____	City/Zip _____
Home Phone () _____	Home Phone () _____
Cell () _____	Cell () _____
Social Security No. _____	Social Security No. _____
Date of Birth _____	Date of Birth _____
Employer _____	Employer _____
Occupation _____	Occupation _____
Work Address _____	Work Address _____
Work Phone _____	Work Phone _____
Hours of Employment _____	Hours of Employment _____

Status of Parents: () Single () Married () Partners () Separated () Divorced

AUTHORIZED ESCORTS:

Name _____	Home # _____	Work # _____	Cell # _____
<i>(Emergency contact if parent cannot be reached)</i> Address _____		Relation to Child _____	
Name _____	Home # _____	Work # _____	Cell # _____
Name _____	Home # _____	Work # _____	Cell # _____
Name _____	Home # _____	Work # _____	Cell # _____

Preferred Hospital _____ Phone _____

Comments on Child's Development (allergies, habits, fears, special needs, etc.) _____

Has Child had Previous Child Care Experience? If yes where? _____

How Did You Hear About Sappington Child Care Center ? _____

FOR OFFICE USE ONLY

Admission Date _____ Days Enrolled: M T W Th F Registration Fee Paid _____

Withdrawal Date _____