



**2015-2016 Enrollment Application**

**Child's Name** \_\_\_\_\_ **Registration Date** \_\_\_\_\_

**Last** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_

**Birthdate** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Ethnicity** \_\_\_\_\_ **Male / Female**

**Child's Address** \_\_\_\_\_

	Street	City	State	Zip
<b>Contact Information</b>	<b>Mother of Child</b>	<b>Father of Child</b>	<b>Stepparent / Legal Guardian</b>	<b>Stepparent / Legal Guardian2</b>
<b>Name</b>				
<b>Home Address</b>				
<b>Home Phone</b>				
<b>Occupation and Phone #</b>				
<b>Cell Phone</b>				
<b>Email</b>				
<b>Religion / Parish</b>				
<b>Child lives with</b> <small>(please check)</small>				

**My child will most likely attend Kindergarten at** \_\_\_\_\_

**Name and ages of siblings** \_\_\_\_\_

**I have a child currently enrolled at Holy Cross Elementary School ? YES / NO**

**I found Holy Cross EEC by:** Friend \_\_\_\_\_ Church Web Sibling Other \_\_\_\_\_

**List two persons authorized for routine pick up:**

1. \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Relationship \_\_\_\_\_
2. \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Relationship \_\_\_\_\_

**List two persons to contact for pick up in case of illness/injury if you are unavailable:**

1. \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Relationship \_\_\_\_\_
2. \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Relationship \_\_\_\_\_

**Please list any Special Education/Instructional/Medical (food allergies, asthma, etc.) Needs? If so, please list them below (severity, treatment, etc)**

\_\_\_\_\_

\_\_\_\_\_

**IF YOU HAVE A CHILD AT THE BIG SCHOOL AND YOUR CHILD IS ENROLLED IN A PM SESSION PLEASE CHECK ONE OF THE FOLLOWING:**

\_\_\_\_\_ I choose the free sibling pick up at 3:00pm \_\_\_\_\_ I choose to pay \$1/day for 3:15pm sibling pickup