

**OAKS EARLY LEARNING CENTER**  
**ENROLLMENT APPLICATION**  
(to be accompanied with Registration Fee)

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_  
Mother/Guardian \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State Issuing \_\_\_\_\_ S.S. # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Father/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State Issuing \_\_\_\_\_ S.S. # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Physician's Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Physician's Address: \_\_\_\_\_

Other Contacts: *(to be called to pick up child if parents/guardian or spouse cannot be reached)*  
Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Driver's License # or S.S. # \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work \_\_\_\_\_  
Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Driver's License # or S.S. # \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work \_\_\_\_\_

With whom does your child live? \_\_\_\_\_  
Is there anything in particular which you would like us to be aware of? \_\_\_\_\_  
\_\_\_\_\_

I Give permission for the staff of Oaks Early Learning Center to do the following for my child \_\_\_\_\_ in an emergency *(Please check to indicate permission given)*:

- \_\_\_\_\_ Administer First Aid
- \_\_\_\_\_ Have child transported by EMS or private ambulance to local hospital or another medical emergency facility.
- \_\_\_\_\_ To obtain needed emergency medical or dental treatment.
- \_\_\_\_\_ Transport to local emergency shelter in the event of emergency evacuation of the building.

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_