

**Robert E. Simon, Jr. Children's Center, Inc.**

**APPLICATION/ENROLLMENT FORM**

Parent or Guardian's Last Name(s) \_\_\_\_\_ Child's Last Name \_\_\_\_\_

Email for slot notification \_\_\_\_\_ Desired Start Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

_____ Nursery _____	Date Child Starts: _____
_____ Junior _____	Date of Withdrawal: _____
_____ Senior _____	Reason for Withdrawal: _____
_____ K Camp _____	Notes: _____

CHILD: Birth date: \_\_\_\_\_ (or Due date: \_\_\_\_\_) Male: \_\_\_\_\_ Female: \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Nickname \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home phone \_\_\_\_\_

PARENT or GUARDIAN: \_\_\_\_\_

Name \_\_\_\_\_ Nickname \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Telephone \_\_\_\_\_

Work Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PARENT or GUARDIAN: \_\_\_\_\_

Name \_\_\_\_\_ Nickname \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Telephone \_\_\_\_\_

Work Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_