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ENROLLMENT STATEMENT

CHILD'S NAME _____ DATE OF BIRTH ____/____/____

SOCIAL SECURITY # _____ - _____ - _____

HEIGHT _____ WEIGHT _____

EYE COLOR _____ HAIR COLOR _____

I would like to reserve a slot for my child for the year 20____ to 20____.

DAYS ATTENDING _____ DAILY HOURS _____

FEE PER WEEK _____ PAYMENT SCHEDULE _____ BI MONTHLY _____

PARENT/GUARDIAN'S SIGNATURE

PARENT/GUARDIAN SOCIAL SECURITY #

____/____/____
DATE