



Check Enrollment class request:

Early Kindergarten____ Kindergarten____ First____ Second____ Third____ Fourth____ Fifth____

Before School Extended Care____ After School Extended Care____

Student's Name_____

Age____ Birth Date_____ Last Middle First Sex_____ Place of Birth_____

Student's Address_____

Street City State Zip Home Phone

Student lives with_____

Father's Information_____

Name Address (if different than student) Home Phone Cell Phone

Father's Employer_____

Name & Address Occupation Business Phone

Father's Email_____

Mother's Information_____

Name Address (if different than student) Home Phone Cell Phone

Mother's Employer_____

Name & Address Occupation Business Phone

Mother's Email_____

Parent responsible for paying tuition_____

Additional persons who may be called in emergency

Name_____ Phone_____

Name_____ Phone_____

Out of State Contact: Name_____ Phone_____

Physician & Dentist to be called in emergency

Physician Address Medical Plan & Number Phone

Dentist Address Medical Plan & Number Phone

Names of persons authorized to take child from the facility

Name_____ Phone_____

Name_____ Phone_____

Signature of Parent or Guardian_____ Date_____

How did you hear about SCS?_____

Additional Information_____