



ATTILIO INSPIRED
ENROLLMENT FORM (2022-2023)

Child's Name _____
(Last) (First) (Nickname)

Address _____
Street Name and Number City Zip Code

Date of Birth: _____ Gender: Male or Female

Family Information: Custody: Both _____ Mother _____ Father _____ Guardian _____

Mother's Name _____ Home Phone Number _____
Address (include City/State/Zip) _____
Place of Work _____ Occupation _____
Work Phone Number _____ Cell Phone Number _____
Email _____

Father's Name _____ Home Phone Number _____
Address (include City/State/Zip) _____
Place of Work _____ Occupation _____
Work Phone Number _____ Cell Phone Number _____
Email _____

Child's Doctor _____ Phone Number _____

Any allergies, special medical or dietary needs, or areas of concern: _____

Emergency Contacts: Child will be released ONLY to the custodial parent or legal guardian and the persons listed below (over 18 years of age). The following people will also be contacted and are authorized to remove the child from the facility in case of **illness, accident or emergency**, if for some reason the custodial parents or legal guardian cannot be reached.

Name _____ Relationship _____
Address _____ Home Phone Number _____
Work Phone Number _____ Cell Phone Number _____

Name _____ Relationship _____
Address _____ Home Phone Number _____
Work Phone Number _____ Cell Phone Number _____

Name _____ Relationship _____
Address _____ Home Phone Number _____
Work Phone Number _____ Cell Phone Number _____

Additional Comments: _____

Signature of Enrolling Parent

Today's Date