EXCEL EARLY
LEARNING CENTER
Enrollment Application

Entrance Date:_____   Withdrawal Date:_____

Child's Name_____
      Last   First   Middle

Child's Address_____
      Street   City   State   Zip

Birth Date ____/____/____   Gender_____   Age_____

Known Allergies/ Food Exceptions: _____

Pediatrician's Name:_____ Phone # _____

Address_____

Mother/Guardian Information:	**Father/Guardian Information:**
Name_____	Name_____
Home #:_____	Home #:_____
Cell#:_____	Cell#:_____
Address:_____	Address:_____
E-mail:_____	E-mail :_____
Employer _____	Employer _____
Employer Phone:_____	Employer Phone:_____

Child's living arrangement: ( ) Both parents   ( ) Mother   ( ) Father   ( ) Other _____

This child may be released only to the person(s) signing this agreement or to one of the following:
* In case of an emergency, when the child's parent/guardian cannot be reached, this person should be contacted.

*Name:_____ Full Address:_____
Email:_____ Phone Number:_____
Relationship to child/family:_____

Name:_____ Full Address:_____
Email:_____ Phone Number:_____
Relationship to child/family:_____

Name:_____ Full Address:_____
Email:_____ Phone Number:_____
Relationship to child/family:_____

Emergency Medical Authorization

Should (child's name)_____ Date of birth_____
Suffer an injury or illness while in the care of **Excel Early Learning Center** and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/ Guardian:_____   _____
                 Signature   Date