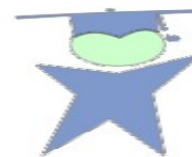


A CHILDS WORLD LEARNING ACADEMY
ENROLLMENT FORM
 (813) 935-7777
 2018 Update Form



Child's Name _____ Nickname _____

Date of Birth: _____ Sex: _____ Enrollment Date: _____

Address: _____ Zip Code: _____

Mother's Name: _____ SSN: ___ xxx-xx

Home # _____ Mobile: _____

Employer: _____ Work #: _____

Father's Name: _____ SSN: _____

Home # _____ Mobile: _____

Employer: _____ Work #: _____

Emergency Contact/Person authorized to remove child from Center:

(NOT INCLUDING PARENTS/ID REQUIRED)

1. _____
FULL NAME RELATIONSHIP PHONE #'S

2. _____
FULL NAME RELATIONSHIP PHONE #'S

3. _____
FULL NAME RELATIONSHIP PHONE #'S

** If additional space needed please attach to this form

Person picking up child must provide ID before ACWLA releases any child(ren).

I have received a copy of the Child Care Facility Brochure, Know your Child Care Center and A Childs World Learning Academy Disciplinary Practices, a copy of Policy and Procedures within the Parent Handbook.

Parent/Legal Guardian Signature

_____ Date _____