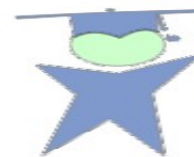


**A CHILDS WORLD LEARNING ACADEMY II
ENROLLMENT FORM**

(813) 885-6262

2018 Update Form



Child's Name _____ Nickname _____

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

Address: _____ Zip Code: _____

Mother's Name: _____ SSN: _____

Home # _____ Mobile: _____

Employer: _____ Work #: _____

Father's Name: _____ SSN: _____

Home # _____ Mobile: _____

Employer: _____ Work #: _____

Email Adress: _____

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 ACWLAI 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 II Disciplinary Practices, a copy of Policy and Procedures within the Parent Handbook.

Parent/Legal Guardian Signature

_____ Date _____