



ENROLLMENT RECORD

Please print firmly with a **BLACK PEN.**

CHILD: _____ Boy: ___ Girl: ___ B-Day: _____ Today: _____

Address: _____ City: _____ Zip: _____

MOM: _____ Email: _____

Cell #: _____ Home #: _____ Work #: _____

DAD: _____ Email: _____

Cell #: _____ Home #: _____ Work #: _____

Siblings & Ages: _____

Parent Signatures: _____

How did you hear about SLP? Church: ___ Drive-by: ___ Referral: _____ Other: _____

*******AUTHORIZED TO PICK-UP CHILD*******

* The **first two names** are LOCAL EMERGENCY CONTACTS. They will be notified in the event of an emergency, if parents cannot be reached. They can also pick up your child anytime.

* List people, other than parents, allowed to pick-up child any time. *We ID unknown pick-up contacts.*

* Your child will NOT be allowed to leave SLP with anyone else without written notice from a parent.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

PLEASE COMPLETE OTHER SIDE