

Reidville Road Readiness Center
Enrollment Agreement
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CHILD'S NAME _____

NICKNAME: _____ GENDER _____

PARENT'S EMPLOYEMENT: _____

MOTHER'S EMPLOYMENT: _____

PHONE: _____

FATHER'S EMPLOYMENT: _____

PHONE: _____

MARITAL STATUS: _____

If divorced, please describe custody arrangements: _____

FAMILY PHYSICIAN: _____ PHONE: _____

FAMILY DENTIST: _____ PHONE: _____

LIST ANY KNOWN ALLERGIES: _____

In an emergency, if the parents cannot be reached, contact the following:

1) _____ PHONE: _____

2) _____ PHONE: _____

Name of persons (other than parents to whom we may release your child:)

Mother's Signature _____

Father's Signature _____