



Child Enrollment Form

Child's Name: _____

Date Enrolled: _____

Card #: _____

Home Address: _____

E-mail Address: _____

Date of Birth

Sex: Male Female

Parents Information	
Mother	Father
Home Address	Home Address
Email Address	Email Address
Home Phone #	Home Phone #
Business Name	Business Name
Business Address	Business Address
Business Phone #	Business Phone #
Cell Phone #	Cell Phone #

Attendant Information
Name
Relationship
CNIC /Passport # (in case of maid or driver)
Address
Phone #
Cell Phone #
Signature

In case of injury or sudden illness, _____ will be called first.

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person to pick up my child:

Name
Address
Telephone #
Cell #

Additional Information

Is the child allergic to food or other substances especially nuts or dairy?

Yes No

(If yes, name foods or substances to be avoided and procedure to follow if reaction occurs):

Is there any physical condition that we should be aware of and what precautions should be taken?

Other special instructions:

Parent name:

Parent signature