

Start Date _____

Classroom _____

ENROLLMENT FORM

Summit Early Learning Center, Inc.

Minneapolis, MN 55405

Phone: 612-377-9011

Fax: 612-977-0168

Child's Name: _____ M/F Date of Birth: _____

Schedule:

Hours/Day _____ Mon _____ Tues _____ Wed _____ Thurs _____ Friday

Child lives with: (e.g. one parent/both parents/guardian) _____

Parent/Guardian Information

Parent/Guardian Name and Address	Phone Numbers
	Home
	Mobile
	Email
	Home
	Mobile
	Email

Parent/Guardian Employment Information

Employer Name and Address	Phone Number

Allergies	
Special Conditions	
Medications	

Parent/Guardian _____ Date: _____