



Learning Center

CHILD ENROLLMENT FORM

1205 Harrison Ave
Leadville, Colorado 80461
Phone: (719) 486-1211
Fax: (719) 486-1051

Child's Name _____ Male _____ Female _____

Home Address _____ Birth Date _____ Age _____
Street/P.O. Box City Zip

Home Phone(_____) _____ Name you prefer your child to be called _____

Mother/Guardian

Name _____ Home Phone _____

Home Address _____ P.O.Box _____ Cell/Pager _____

Employer _____ Work Phone _____

Employer Address _____ Fax Number _____

E-Mail Address _____ Social Security Number _____

Father/Guardian

Name _____ Home Phone _____

Home Address _____ P.O. Box _____ Cell/Pager _____

Employer _____ Work Phone _____

Employer Address _____ Fax Number _____

E-Mail Address _____ Social Security Number _____

Additional Adults Approved for Child's Release

1. Name _____ Relationship _____

Home Phone _____ Cell/Pager _____

Employer _____ Work Phone _____

2. Name _____ Relationship _____

Home Phone _____ Cell/Pager _____

Employer _____ WorkPhone _____

Requested start date _____ Days in attendance: M T W TH F

Hours in attendance _____ a.m./p.m. until _____ a.m./p.m. Classroom _____