

APPLICATION FOR ENROLLMENT
School Year: 2020 - 2021

Child's Legal Name: _____

Today's Date: _____

Childs Information (please print clearly):

Child's Name: _____

Child's Date of Birth: _____ Sex: M or F

Child's Home Address: _____

City _____ State _____ Zip Code _____

Home Language #1: _____ Spoken _____% of the time

Home Language #2: _____ Spoken _____% of the time

Child's Medical Information:

Doctor's Name: _____ Phone # _____

Health Insurance Provider: _____

(Must provide a copy of the insurance card)

Dentist's Name: _____ Phone #: _____

Allergies: _____

Medications: _____

Diet Restrictions: _____

Special Needs: _____

Family Information:

	Parent/ Legal Guardian 1	Parent/Legal Guardian 2
First Name:	_____	_____
Last Name:	_____	_____
Soc. Sec. #:	_____	_____
E-mail Address (please print):	_____	_____
Home Address:	_____	_____
Home Phone #:	_____	_____
Cell Phone #:	_____	_____
Employer:	_____	_____
Work Phone #:	_____	_____

Parent's Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

Child lives with: ___ Both Parents ___ Mother ___ Father ___ Other (specify: _____)

Who has custody of the child? ___ Both Parents ___ Mother ___ Father ___ Other (specify: _____)

How did you learn about the Exploration Station the Preschool Lab at Miami Dade College: _____

FOR OFFICE USE ONLY

Start date: _____ Classroom: _____

SR: _____ VPK: _____ NACCRRRA: _____ CCAMPIS: _____ MDC: _____

"Educating the mind without educating the heart is no education at all"
Aristotle