



Enrollment Form

Pepper Valley Learning Center

1358 Pepper Drive
El Cajon, CA 92021
(619) 444-7770

11:46 AM

10/9/2014

Family Information

Last Name			First Name			MI		
<input type="text"/>			<input type="text"/>			<input type="text"/>		
Relationship to Child			Social Security Number					
<input type="text"/>			<input type="text"/>					
Street Address								
<input type="text"/>								
Apartment/Unit								
<input type="text"/>								
City			State			ZIP Code		
<input type="text"/>			<input type="text"/>			<input type="text"/>		
Home Phone			Work Phone			Ext		
<input type="text"/>			<input type="text"/>			<input type="text"/>		
Cell Phone			Email Address					
<input type="text"/>			<input type="text"/>					

Child Information

Last Name			First Name			MI		
<input type="text"/>			<input type="text"/>			<input type="text"/>		
Sex	Social Security Number		Date of Birth					
<input type="text"/>	<input type="text"/>		<input type="text"/>					
Emergency Contact			Emergency Phone					
<input type="text"/>			<input type="text"/>					
Dentist			Dentist Phone					
<input type="text"/>			<input type="text"/>					
Doctor			Doctor Phone					
<input type="text"/>			<input type="text"/>					
Insurance Provider			Policy Number					
<input type="text"/>			<input type="text"/>					
Blood Type			Last Physical Date					
<input type="text"/>			<input type="text"/>					
Known Allergies								
<input type="text"/>								

Emergency Care Authorization

I certify that I am a parent or legal guardian of the child or children named above and give consent for emergency medical care, surgical treatment, and/or transportation to a care facility should my child's condition require it in my absence. I understand that, time and conditions permitting, reasonable attempts will first be made to contact me and any designated representatives in such a case. I hereby assume all financial responsibility for such actions taken on the behalf of my child.

Parent / Legal Guardian's Signature

Date

OFFICE USE ONLY

Tuition: \$ _____	Classroom: _____	Enrolled: _____
Billing cycle: _____	Program: _____	