

## **Enrollment Form**

11:46 AM 10/9/2014

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

**Family Information** 

Last Name F	Name First Name		Last Name First Nam		ame	MI
Relationship to Child \$	Social Security Number	 r	Relationship to Child	Social S	Security Number	er
Street Address			Street Address			
Apartment/Unit			Apartment/Unit			
City State ZIP Code			City State ZIP Code			
Home Phone Work Phone		Ext	Home Phone	Work Phone Ext		Ext
Cell Phone Em	Phone Email Address		Cell Phone	Email Add	Email Address	
Child Information						
st Name First Name		MI	Last Name	First Na	ame	MI
Sex Social Security Number	Social Security Number Date of Birth		Sex Social Security Nu	L mber [	ber Date of Birth	
Emergency Contact Emergency Phone		ne	Emergency Contact		Emergency Phone	
Dentist Phone			Dentist		Dentist Phone	
Doctor	tor Doctor Phone		Doctor		Doctor Phone	
nsurance Provider Policy Number			Insurance Provider		Policy Number	
lood Type Last Physical Dat		ate	Blood Type		Last Physical Date	
Known Allergies		Known Allergies				
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 Sig	Date					
OFFICE USE ONLY						

Enrolled:

Tuition: \$ Classroom:

Program:

Billing cycle:\_