



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

Enrollment Form

Family Information

Last Name _____ First Name _____

Relationship to Child _____ Street Address _____

City _____ State _____ Zip Code _____

Cell Phone _____ Work Phone _____

Home Phone _____ Email _____

Last Name _____ First Name _____

Relationship to Child _____ Street Address _____

City _____ State _____ Zip Code _____

Cell Phone _____ Work Phone _____

Home Phone _____ Email _____

Child Information

Last Name _____ First Name _____

Sex _____ Date of Birth _____ Known Allergies _____

Doctor _____ Doctor Phone _____

Dentist _____ Dentist Phone _____

Insurance Provider _____ Policy Number _____

Start Date _____ Classroom _____ Schedule _____