

Enrollment Application

“Lil Bittie” IT Academy – School Term 2008

Child’s Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Social Security Number: _____ D.O.B: _____

Child’s Current Age: _____

In school Not in school

School, if in school: _____

Parent/Legal Guardian: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Does child have any medical conditions? Yes No

If yes, please explain:

Does child have any dietary restrictions? Yes No

If yes, please explain:

Has your child had an IEP or in need of one? Yes No
If yes, please give date and location where plan was done:

Has your child any other problems or issues that Urban Ed, Inc. and staff should know about, please list here:

Child **MUST** have at least four emergency contact people:

1. Name: _____ Phone: _____
Relationship: _____
2. Name: _____ Phone: _____
Relationship: _____
3. Name: _____ Phone: _____
Relationship: _____
4. Name: _____ Phone: _____
Relationship: _____

People granted pick up rights other than parent:

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____