



Enrollment Application Form

Preferred start date: _____ Date of termination: _____

1. Child's Information:

- A. Full name of the child (*last, first, middle initial*): _____
B. Child's primary language: _____
C. Date of birth (*mm/dd/yyyy*): _____ D. Sex: _____
E. Child's home address: _____
F. Parent/guardian marital status: Single Married Divorced Widowed
G. Primary residence: Both Parents Father Mother Guardian
H. List the family members your child lives with (include names and ages of siblings): _____
I. Check days to attend: Thursdays Fridays Saturdays No regular schedule.
J. Arrival Time (starts at 6pm) _____
K. Departure Time (ends at 12am) _____

2. Parent/Guardian Information:

- A. Full name of parent(s)/guardian(s): _____
B. Relationship(s) to the child: _____
C. Home address(es): _____
D. Place(s) of employment: _____
E. Contact number(s): _____ F. Email address(es): _____

3. Emergency Contact Information:

- A. Full name of emergency contact: _____
B. Relationship to the child: _____
C. Contact number: _____ D. Email address: _____

4. Authorized Pickup Person:

- A. Full name of authorized pickup person(s): _____
B. Relationship to the child: _____
C. Contact number: _____ D. Email address: _____

5. Child's Health Related Information:

- A. Immunization Status: up to date (complete) requires catch-up (incomplete) with exemption not sure.
B. Any ongoing medical conditions or health concerns: _____
C. Medications the child takes regularly, if any: _____
D. Allergies (*i.e., medications, food, or others*): _____
E. Special dietary needs (or dietary restrictions): _____
F. Additional support or accommodations required for the child: _____

6. Other Contact Information:

- A. Pediatrician's name and contact details: _____
B. Health insurance information (*include policy number & policyholder*): _____

I hereby declare that the information provided in this *Enrollment Application Form* is true, accurate, and complete to the best of my knowledge. I understand that any false or misleading information may result in the termination of enrollment.

Signature of Parent/Guardian: _____ Date: _____

Submission Instructions:

Please send the completed *Enrollment Application Form* & a copy of your child's most up-to-date immunization/vaccination records (or personal beliefs/medical exemption documentation) to admin@assistolution.com
We shall contact you within 1-3 business days regarding your application status.

*Thank you for choosing Assistolution, LLC.
We appreciate your trust and look forward to providing a safe and nurturing environment for your child.*