



Please Circle
Leonardo Campus
Holmdel Campus

Date of Application _____

Child's Name _____

Address _____

Child's D.O.B. _____ Home phone# _____ town _____ zip code _____

Parent's Name _____ Parent's Name _____

Address _____ Address _____
(if different from child) (if different from child)

Cell # _____ Cell# _____

WHERE TO REACH PARENTS

Parent #1 Occupation _____ Parent #2 Occupation _____

Place of Business _____ Place of Business _____

Business Phone _____ Business Phone _____

Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available.

Name _____ Name _____

Relationship _____ Relationship _____

Address _____ Address _____

Phone# _____ / _____ Phone# _____ / _____
(home) (cell) (home) (cell)

Child's Doctor _____ Phone _____

Address _____

Parent's Signature _____



Application Must be Submitted Prior to Student's First Day of School

Child's Name: _____ Date of Birth: _____

Nickname: _____ Age: _____

Other children in family/ages: _____

Child's previous group experiences: _____

Does child have any physical or mental handicaps? _____

Explain: _____

Has child any special habits or fears that we should know:



Any Allergies? _____

CUSTODIAL INFORMATION:

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up then child please explain below and attach a copy of appropriate documents (e.g. Court Order).

MEDICAL PERMISSION:

In the event that a medical emergency occurs, I authorize The Little Chief to seek emergency medical care for my child as deemed necessary by the Director.

Signature

Date

I have received the Information to Parents Statement.

Signature

Date