

EARLY CHILDHOOD LEARNING CENTER
DON MILLS ACHIEVEMENT CENTER
677 HOSPITAL DRIVE, Suite J
WARREN, PA 16365
723-5730

**APPLICATION FOR ENROLLMENT
2020 - 2021
For students entering Kindergarten**

THIS INFORMATION WILL BE KEPT CONFIDENTIAL

CHILD'S FULL NAME _____
NAME TO BE USED AT SCHOOL _____
MALE OR FEMALE _____
DATE OF BIRTH _____
HOME ADDRESS _____ CITY _____
HOME PHONE _____ CELL PHONE _____
FATHER'S NAME _____ EMPLOYER _____
MOTHER'S NAME _____ EMPLOYER _____
WORK PHONE (MOTHER OR FATHER) _____
EMAIL ADDRESS _____

EMERGENCY PERSON TO CALL AND OR PROVIDE TRANSPORTATION: (OTHER THAN PARENTS)

1. NAME _____ RELATIONSHIP _____ PHONE _____
ADDRESS _____
2. NAME _____ RELATIONSHIP _____ PHONE _____
ADDRESS _____

CONFIDENTIAL INFORMATION

1. Brothers and sisters:

<u>Names</u>	<u>Ages</u>
_____	_____
_____	_____
_____	_____

Others in Home:

2. Child lives with _____ both parents _____ Mom _____ Dad _____ other