

# Houdini Academy for Children Enrollment Application

115 W. Washington St. • Appleton, WI 54911 • 920-731-9822

<b>Child's Information:</b>	
Last Name: _____	First Name: _____
Nick Name: _____	Sex: _____
Address: _____	Apt: _____
City: _____	Postal Code: _____
Date of birth: _____	

<b>Parent or Guardian Information:</b>	
Mother's Name: _____	Father's Name: _____
Home Address: _____	Home Address: _____
Home Phone: _____	Home Phone: _____
Employer: _____	Employer: _____
Work Address: _____	Work Address: _____
Work Phone: _____	Work Phone: _____

<b>Emergency Contact if Parents/Guardians cannot be reached:</b>	
Name #1: _____	Relationship: _____
Home Phone: _____	Work Phone: _____
Address: _____	
Name #2: _____	Relationship: _____
Home Phone: _____	Work Phone: _____
Address: _____	

<b>Medical Information:</b>	
Child's Health Card #: _____	
Doctor's Name: _____	Phone: _____
Address: _____	

<b>Other Information:</b>
Please include any information regarding allergies, diet, physical or special needs, etc.
_____
_____
_____

<b>Persons authorized to pick up child:</b>	
Name #1: _____	Relationship: _____
Home Phone: _____	Work Phone: _____
Name #2: _____	Relationship: _____
Home Phone: _____	Work Phone: _____
<p><b>Under no circumstances will any child be released to anyone not known to this center without verbal or written authorization from the parents/guardians.</b></p>	

I hereby make application to enroll the above-mentioned child in Houdini Academy for Children. I understand and agree to abide by all policies and regulations of the Center.

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Date: \_\_\_\_\_

Amount Due: \_\_\_\_\_ Amount Received: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Date of Withdrawal: \_\_\_\_\_

Staff Taking Application: \_\_\_\_\_ Position: \_\_\_\_\_