

Living Word Academy Enrollment Form

Child's Name _____ Birthdate _____ Sex _____ Grade _____

Parent's Relationship to Each Other Married Divorced Separated Single
(If divorced, a copy of the Divorce Decree noting guardianship, days of visitation, etc. must accompany this form.)

Child lives with (Please check all that apply)

Mother and Father Mother Father Other _____

Father's Name _____ Driver's License No. _____

Home Address _____ Phone _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Phone _____ Ext. _____ Home _____ Cell _____

Mother's Name _____ Driver's License No. _____

Home Address _____ Phone _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Phone _____ Ext. _____ Home _____ Cell _____

Family Religious Preference _____

Are you a member of a church? If so, which one? _____

How did you find out about our program? _____

Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Living Word Academy staff to take my child to an emergency room or to the following physician or his/her associates, for medical care.

Dr. _____ Hospital _____

Address _____ Phone _____

City _____ State _____ Zip _____

Special Instructions _____

I give consent for any and all treatment deemed necessary by the attending physician. (Please attach a photocopy of your insurance card.)

Signature of Parent of Guardian

For Office Use Only

Date of Interview _____ Interviewed by _____ Date of Enrollment _____

Class Assignment _____ Notes _____