



REM Learning Center South, Inc.

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www.remlearningcenter.com

Accredited by naeyc

STUDENT APPLICATION

Child's Name: _____
(Last) (First) (Middle)

Birthdate: _____ Sex: _____ Enrollment Date: _____ Start Date: _____

Parents Email Address: _____

Child Ethnicity: (optional) American Indian/Alaska Native White Black/African American
 Asian Native Hawaiian or other Pacific Islander Hispanic/Latino Haitian
 Other Race: _____ Two or more races

Mother:

Name: _____ Home Address: _____
(Last) (First) (Zip Code)

Home Phone #: _____ Employment Phone #: _____

Beeper #/Cell #: _____ S.S. #: _____

Name & Address of Employment: _____

Father:

Name: _____ Home Address: _____
(Last) (First) (Zip Code)

Home Phone #: _____ Employment Phone #: _____

Beeper #/Cell #: _____ S.S. #: _____

Name & Address of Employment: _____

Child's Physician: _____ Address: _____
(Zip Code)

Phone #: _____ May the center call another physician if unable to contact the one above? _____ YES _____ NO

Additional persons to contact in case of illness, accident, emergency, as well as those authorized to remove child.

Name	Address	Day Phone	Relationship

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Primary Hours of Care: ___ FT ___ PT From: _____ To: _____ Lunch: ___ YES ___ NO

Toilet Trained: ___ YES ___ NO Allergies: ___ NO ___ YES. If yes, specify below under special instructions. Medical concerns: ___ NO ___ YES. If yes, specify below under special instructions.

Special instructions regarding eating habits, toileting, allergies, or areas of concern: _____

Signature of Parent _____

Date _____