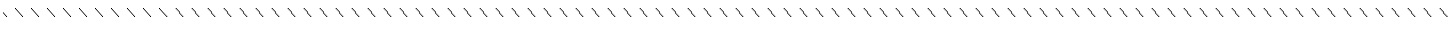


# AISD PEP Child Care Enrollment Information



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

Child's Legal Name: \_\_\_\_\_  
*Last* *First* *MI*

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex (circle one) M F

Place of Birth (include city and state): \_\_\_\_\_

- Race:
- Hispanic
  - Black
  - White
  - Asian/Pacific Islander
  - Indian/Alaskan Native
  - 2 or more races

Parent/Guardian Name: \_\_\_\_\_  
*Last* *First* *MI*

Mailing Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Has your child previously attended daycare? Y N

Emergency Contacts:

_____ <i>Name</i>	_____ <i>Relationship</i>	_____ <i>Phone Number</i>
_____ <i>Name</i>	_____ <i>Relationship</i>	_____ <i>Phone Number</i>
_____ <i>Name</i>	_____ <i>Relationship</i>	_____ <i>Phone Number</i>

\_\_\_\_\_  
*Parent/Guardian Signature* *Date*