



FOR STAFF USE ONLY	
Date Received	_____
Check Number	_____
Check Amount	\$ _____

Child Enrollment Form

Child's Name: _____ **Birth Date:** _____
 (If expecting a child, please list name as "Baby [Last Name]" and indicate Due Date in place of Birth Date)

Contact Information

	Parent 1/Legal Guardian	Parent 2/Legal Guardian
Name	First: _____ Last: _____	First: _____ Last: _____
Home Address	_____	_____
Work Address	_____	_____
Preferred E-mail Address	_____	_____
Home Phone	_____	_____
Cell Phone	_____	_____
Work Phone	_____	_____

What is your relation to the University of Louisville? (Please Circle, if applicable): Faculty Staff Student

Please list your UofL ID Number: _____

Are you a resident of Family Scholar House? (Please Circle) Yes / No

Are you a resident of Old Louisville? (Please Circle) Yes / No

Do you currently have a child/children enrolled at the ELC or on the Wait List? Yes / No

Child's Name: _____

Classroom: _____

Child's Name: _____

Classroom: _____

Child's Name: _____

Classroom: _____

Signature of Parent or Guardian

Date

All Enrollment Applications have a \$100 non-refundable fee that must be paid by Check or Money-Order