



STAFF USE ONLY

Date Received _____
 Check Number _____
 Check Amount \$ _____

Child Enrollment Form

Child's Name: _____ Date of Birth: _____

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

Contact Information

	Mother/Legal Guardian		Father/Legal Guardian	
Name	First:	Last:	First:	Last:
Home Address City, State Zip				
Work Address City, State Zip				
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: _____
 Child's Name: _____

Classroom: _____
 Classroom: _____

Signature of Parent or Guardian

Date

All Enrollment Applications require a \$100 non-refundable fee payable by Check or Money-Order.