



**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**

	<b>Mother/Legal Guardian</b>		<b>Father/Legal Guardian</b>	
<b>Name</b>	First:	Last:	First:	Last:
<b>Home Address City, State Zip</b>				
<b>Work Address City, State Zip</b>				
<b>Preferred E-mail Address</b>				
<b>Home Phone</b>				
<b>Cell Phone</b>				
<b>Work Phone</b>				

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: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

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