Enrollment Form Red Sneakers Of Lebanon, LLC.

Parent/Guardian Information

Parent/Guardian Names:				
Parent/Guardian Phone:	(H)	(C)	(W)	
Parent/Guardian Phone:	(H)	(C)	(W)	
Address:				
Address:				
Work Name & Address_ Work Nam				
How did you hear about	us?			
Email:				
Child's Information				
First & Last Name:			M/F DOB:	
Child's Address:				
Parent restriction:(Where restriction is requallergies:Yes _	uested you must p	orovide docume	entation showing lega	
Pediatric Doctor Name & Phone #:				
I understand that I am re incurred on my child's be The Connecticut State De or vomiting be kept out to be notified of the illness No child will be sent to st Sneakers on any day that reactions prior coming to Parent/Guardian Signatu Please Print name:	half. epartment of Heal of school for the d and any other cor chool following th my child has bee o school. re:	ith require that uration of 24 h mmunicable dis e first dose of r n given medica	all children wih a fevours. The Red Sneake ease as soon as possi nedications. I will not tion and inform them	er, diarrhea rs staff will ble. ify Red of expected
Please Plint name:				Page 1 of 2
to	to write correct t urs - weekly tuitio uesday to	Before and Af imes. Weekly to n will need to b Wed. to	uition is based on sch ue adjusted. Thurs. to to	
Office Use: Program:	Tuition:		Registration:	Start: