



**ENROLLMENT APPLICATION PERTINENT INFORMATION**

**Student Full Name:** \_\_\_\_\_ **Gender:** M  F   
**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Funding Source:** Medicaid  SSI  TEFRA  Other:  \_\_\_\_\_  
**Medicaid #:** \_\_\_\_\_ **SSN #:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Race:** Caucasian  Black  Other:  \_\_\_\_\_

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**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_  
**Mother's Work:** \_\_\_\_\_ **Father's Work:** \_\_\_\_\_  
**Mother's Work#:** \_\_\_\_\_ **Father's Work #:** \_\_\_\_\_  
**Mother's email:** \_\_\_\_\_ **Father's Email:** \_\_\_\_\_

If it is not an emergency, which individual above is best to contact, first, and what is the preferred method of communication?  
 (Text, email, phone call) \_\_\_\_\_

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**Child's Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Physician Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**EMERGENCY CONTACT PERSON (not guardian)**

**1<sup>st</sup> contact Person:** \_\_\_\_\_ **relationship:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**2<sup>nd</sup> contact Person:** \_\_\_\_\_ **relationship:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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**Diagnosed Allergies or Dietary Restrictions:** \_\_\_\_\_

**Current Medication, Dosage & Time Given:** \_\_\_\_\_

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**Insurance Company:** \_\_\_\_\_  
**Policy ID#:** \_\_\_\_\_ **Policy Group#/Group Name:** \_\_\_\_\_  
**Social Security #:** \_\_\_\_\_ **Medicaid #:** \_\_\_\_\_

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**Date Of Admission:** \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian*

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