



EduFun

Learning Center

213 Plantation Dr.
 Lake Jackson, TX 77566
 979-266-9602
 edufun2020@gmail.com

At - A - Glance Enrollment Form

Child's Full Name: _____ Age/Class: _____
 Child's Date of Birth: _____
 Child's Address: _____ Mailing Address: _____

 Siblings:
 Name: _____ Age: _____ Name: _____ Age: _____

Parent/Guardian Information:

Mother/Legal Guardian: _____ Home Phone# _____
 Email: _____ Cell Phone# _____
 Address (if different): _____

Father's Name: _____ Home Phone# _____
 Email: _____ Cell Phone# _____
 Address (if different): _____

Emergency Contact Information:

Name: _____ Relationship: _____
 Phone Number: _____

Parent/Legal Guardian Signature: _____ Date: _____

Required Documents on File (office use only)

Enrollment _____	Operation Policies signed Form _____
Vaccine record _____ or Exclusion _____	Health Care Professional Statement _____
Vision _____ Hearing _____ or Exclusion _____	Discipline and Guidance Policy _____
Media Release Yes _____ No _____	Water Activities Yes _____ No _____
Food Allergies Yes _____ No _____ if yes, what foods? _____ Allergy Plan on File: Yes _____	
Transportation: Field Trips _____ Emergency _____ To and From School _____ To and From Home _____	