

**Take Flight Early Education**  
**Enrollment Form**  
**Summer Session**

Child's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex M F  
Child's Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**Parent Information**

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Which is best to use during school hours? \_\_\_\_\_

Father's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Which is best to use during school hours? \_\_\_\_\_

**Person Who has Legal Custody of the child**  
\_\_\_\_\_

**Emergency Information**

**Allergies, intolerance to food, or any special  
need** \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone# \_\_\_\_\_

## **Emergency Contacts**

**Name**\_\_\_\_\_

**Address**\_\_\_\_\_

**City**\_\_\_\_\_ **State**\_\_\_\_\_

**Phone Number**\_\_\_\_\_

**Name**\_\_\_\_\_

**Address**\_\_\_\_\_

**City**\_\_\_\_\_ **State**\_\_\_\_\_

**Phone Number**\_\_\_\_\_

**Any Person Authorized to pick up child (must show photo ID)**

\_\_\_\_\_

\_\_\_\_\_

## **Agreements**

**Parent/Guardian authorizes Rachel Wheeler to obtain  
immediate medical care if an emergency occurs.**

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

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