## Avant Learning Academy Enrollment Form

Entrance Date:		
Child's Social Security Number:	Birthday:	
Child's Full Name:		
Lasī	FIRST	Middle
Home Address:		
E-Mail Address:		
Father's Name:	Phone Number:	
Home Address (if different from child):		
Place of Employment (father):		Phone Number:
Mother's Name:	Phone Number:	
Home Address (if different than child):		
Place of Employment (mother):		Phone Number:
Father's Social Security Number:	Mother's Sc	ocial Security Number:
Father's Driver's License Number:	Mother's Drive	er's License Number:
Child's Living Arrangements (check one): l	Both Parents Mother [	Father Other
Child's Legal Guardian:		
The child may be released to the person(s) sign Name Addre		owing person(s) Phone
Person to contact in case of an emergency whe	en parents cannot be reached	
Name Addre		Phone Numbers
		THORE WARDERS
Child's Pediatrician		
Name	Phone Number	
My child has the following special needs / allero	gies	