

**TAMU CLC ENROLLMENT FORM**

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Child's Primary Address \_\_\_\_\_

street

city

state

zip code

CLC Admission date \_\_\_\_\_

Hours child will be in CLC care \_\_\_\_\_

CLC Withdrawal date \_\_\_\_\_

Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_

**Names of Parents or Guardians** (List information where you can be reached while child is in CLC care)

Parent/Guardian #1 \_\_\_\_\_ DriverLic # \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian's Address (if different from child's address)

Street \_\_\_\_\_

city

state

zip code

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_

DriverLic # \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Parent/Guardian's Address (if different from child's address)

Street \_\_\_\_\_

city

state

zip code

Parent/Guardian #3 \_\_\_\_\_

DriverLic # \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Parent/Guardian #4 \_\_\_\_\_

DriverLic # \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Names and ages of siblings living in same household as child \_\_\_\_\_

