



Enrollment Application

Please complete this form, Registration form and Agreement form.
Scan forms and email to childrenzcenter@gmail.com
or Mail to Childrenz Center:
1185 Sheridan Road, Glencoe, IL 60022

_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
* First Child's Name	* Date of Birth	Gender	
_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
* Second Child's Name	* Date of Birth	Gender	
_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
* Third Child's Name	* Date of Birth	Gender	
_____	_____		
* Parent/Guardian 1 Name	* Phone		
_____	_____		
* Parent/Guardian 1 E-mail Address	* Cell Phone		
_____	_____	_____	_____
* Parent/Guardian 1 Street Address	City	State	Zip
_____	_____		
Parent/Guardian 2 Name	Phone		
_____	_____		
Parent/Guardian 2 E-mail Address	Cell Phone		
_____	_____	_____	_____
Parent/Guardian 2 Street Address	City	State	Zip

Health & Wellness Policy:

I attest that my child/children have been vaccinated in accordance with the immunization requirements as established by the State of Illinois. Only medical exemptions will be honored, and must be accompanied by appropriate documentation. Parents/guardians agree to exclude their child(ren) from Childrenz Center programs when symptoms of illness exist until it can be determined that they do not pose a risk to other students.

Required Signature of Parent/Guardian

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