

# Southfield Children's Center, Inc. Application for Enrollment

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ M  F  Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer's Name and Address \_\_\_\_\_

Employer's Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer's Name and Address \_\_\_\_\_

Employer's Phone \_\_\_\_\_

Other language(s) spoken at home \_\_\_\_\_

**ALL PERSONS LIVING IN THE HOUSEHOLD** (including parents)

Name	Date of Birth	Social Security #	Gross Monthly Income

Other Family Income \_\_\_\_\_

**Additional Notes**

The information I've provided on this application is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

