

Program Enrollment Form
L.E.A.D., Learn Educate Advocate Develop
2440 Fairburn Rd. SW #302
Atlanta, Ga 30331
470-499-0836



GENERAL INFORMATION

Date of Enrollment _____

How did you hear about us? Friend Relative Internet Social Media Flyer Community Event

Primary Email Address _____ Primary Number _____

CHILD INFORMATION

(1) _____ Grade _____ Date of Birth _____ Age _____
Last First Middle

Any special medication, allergies to medicine or learning disabilities:

(2) _____ Grade _____ Date of Birth _____ Age _____
Last First Middle

Any special medication, allergies to medicine or learning disabilities:

(3) _____ Grade _____ Date of Birth _____ Age _____
Last First Middle

PARENT/GUARDIAN INFORMATION

Name(s) _____
(Mother's) Last First (Father's) Last First

Address _____
Street City Zip

Parents are: Married Widowed Separated Divorced Foster NA

Child(ren) lives with father Child(ren) lives with mother

Mother's Employer _____ Work () _____

Father's Employer _____ Work () _____

EMERGENCY INFORMATION

Phone number () _____ Person to ask for _____ Relationship _____
(other than parent—a local person to care for child if we are unable to reach a parent or guardian)

Phone number () _____ Person to ask for _____ Relationship _____

Phone number () _____ Person to ask for _____ Relationship _____

MEDICAL INFORMATION

Any special medication, allergies to medicine/food, current medical/health conditions or special dietary needs:

Family or Child's Physician _____ Office () _____ If I am
unavailable, I hereby give permission for emergency care and treatment which could include hospitalization, anesthesia and surgery
for my child if deemed necessary.

ADDITIONAL INFORMATION

Persons authorized to pick up your child:

Name _____ Relationship _____ Number _____

Name _____ Relationship _____ Number _____

Name _____ Relationship _____ Number _____

Signature of Parent/Guardian _____

Date _____