



# Enrollment Form School year \_\_\_\_\_

Today's date: \_\_\_\_\_

Date child entered CWS: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**( ) PLEASE CHECK HERE IF ANY OF THE INFORMATION BELOW HAS CHANGED SINCE LAST YEAR**

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

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

*[Early Childhood and Grade placement will be determined by the faculty.]*

With whom does child live during the school year?

name/s

relationship/s

household #1:

household #2:

In which city or county does the child reside? \_\_\_\_\_

**Mother's name** \_\_\_\_\_ Soc. Security # \_\_\_\_\_

Address \_\_\_\_\_ Occupation/Place of Work \_\_\_\_\_

\_\_\_\_\_ Work Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

If you do **not** wish for your cell phone to be published in the directory please check here [  ]  
If you do **not** wish for your e-mail to be published in the directory please check here [  ]

**Father's name** \_\_\_\_\_ Soc. Security # \_\_\_\_\_

Address \_\_\_\_\_ Occupation/Place of Work \_\_\_\_\_

\_\_\_\_\_ Work Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

If you do **not** wish for your cell phone to be published in the directory please check here [  ]  
If you do **not** wish for your e-mail to be published in the directory please check here [  ]

Is there a legal guardian other than the mother or father? If so please complete the following:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Home phone #: \_\_\_\_\_

Work phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

If you do **not** wish for your cell phone to be published in the directory please check here [  ]  
If you do **not** wish for your e-mail to be published in the directory please check here [  ]

**Maternal Grandmother:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

May CWS contact for the purpose of: (circle all that apply)    Grandparent's Day    Annual Giving    Other Fundraising Events

**Maternal Grandfather:** \_\_\_\_\_

Address if different: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

May CWS contact for the purpose of: (circle all that apply)    Grandparent's Day    Annual Giving    Other Fundraising Events

**Paternal Grandmother:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

May CWS contact for the purpose of: (circle all that apply)    Grandparent's Day    Annual Giving    Other Fundraising Events

**Paternal Grandfather:** \_\_\_\_\_

Address if different: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

May CWS contact for the purpose of: (circle all that apply)    Grandparent's Day    Annual Giving    Other Fundraising Events