

# SOCC KIDSPOT ENROLLMENT CARD

**Child's name** \_\_\_\_\_ Boy Girl

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ **Spot** \_\_\_\_\_

Allergies, Medical and other concerns \_\_\_\_\_  
\_\_\_\_\_

**Child's name** \_\_\_\_\_ Boy Girl

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ **Spot** \_\_\_\_\_

Allergies, Medical and other concerns \_\_\_\_\_  
\_\_\_\_\_

**Child's name** \_\_\_\_\_ Boy Girl

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ **Spot** \_\_\_\_\_

Allergies, Medical and other concerns \_\_\_\_\_  
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**Child's name** \_\_\_\_\_ Boy Girl

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ **Spot** \_\_\_\_\_

Allergies, Medical and other concerns \_\_\_\_\_  
\_\_\_\_\_

**Parent's or guardians Names** \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email(s) \_\_\_\_\_

Person bringing child (**if different** that parents or guardian)  
\_\_\_\_\_

Relationship to child \_\_\_\_\_

**For Office/Welcome Spot Use:**

**Visits:** 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

**Date Permanent paper number requested** \_\_\_\_\_

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guardians  
Names

\_\_\_\_\_  
Address  
\_\_\_\_\_  
City,  
State, Zip  
\_\_\_\_\_

Home phone \_\_\_\_\_  
Cell phone \_\_\_\_\_

Email(s) \_\_\_\_\_  
Person bringing child (**if different** that parents or guardian)

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