



150 Osmun, Pontiac
Dream Centers of Michigan

APPLICATION

child's name

grade

age

gender:

m

f

birthdate

school currently attending

father or guadian's name

cell number

address

city

state

zip

email

mother or guadian's name

cell number

address

city

state

zip

email

who does the child live with?

if someone different than listed above, please provide their name and address:

name

address

siblings in the home:

name

age

grade

name

age

grade

name

age

grade

name

age

grade

does the child have any allergies?

yes

no

what

emergency contact:

name

cell number

address