

# COPS 'N KIDS READING CENTER, INC.

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262-632-1606 or 262-994-4072

[www.cops-n-kids.org](http://www.cops-n-kids.org)

## Student Enrollment Form

Enrollment Date: \_\_\_\_\_ Updated: \_\_\_\_\_ Initials: \_\_\_\_\_ Updated: \_\_\_\_\_ Initials: \_\_\_\_\_

Updated: \_\_\_\_\_ Initials: \_\_\_\_\_ Updated: \_\_\_\_\_ Initials: \_\_\_\_\_ Updated: \_\_\_\_\_ Initials: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apartment #)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

1<sup>st</sup> Parent/Guardian Contact: \_\_\_\_\_  
(Name & Relationship) (Phone #)

\_\_\_\_\_  
(Phone Number Changed/Updated)

2<sup>nd</sup> Parent/Guardian Contact: \_\_\_\_\_  
(Name & Relationship) (Phone #)

1<sup>st</sup> Emergency Contact: \_\_\_\_\_  
(Name & Relationship) (Phone #)

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_  
(Name & Relationship) (Phone #)

Gender: Male Female (Please Circle One)

Ethnicity: Hispanic or Latino (Check if Yes) \_\_\_\_\_

Federal Race: (Choose One or More)

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ White or Caucasian

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Does your child have a Library Card? Yes No (Please Circle One)

***“If you see a child without a book, PLEASE, give him one of yours!”***