

Parent/Guardian Information

Registration Date: _____

School Directory: Would you like your family to be included in our school directory? Yes No

Parent /Guardian 1 First Name: _____ M.I.____ Last Name: _____

Address: _____

Date of Birth: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Work Address: _____ Work Phone: () _____

Custodial Parent (If married, mark both parents) Social Security #: _____

Email: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Relationship to Child: Mother Father Grandparent Foster Parent Other _____

Mark All that Apply: Child Lives With Emergency Contact Authorized Pickup

Is there is other information you would like us to know?

Parent /Guardian 2 First Name: _____ M.I.____ Last Name: _____

Address: _____

Date of Birth: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Work Address: _____ Work Phone: () _____

Custodial Parent (If married, mark both parents) Social Security #: _____

Email: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Relationship to Child: Mother Father Grandparent Foster Parent Other _____

Mark All that Apply: Child Lives With Emergency Contact Authorized Pickup

Is there is other information you would like us to know?

Child Information

1st Child First Name: _____ M.I.____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we maintain a photo of your child for security purposes? Yes No

2nd Child First Name: _____ M.I.____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

3rd Child First Name: _____ M.I.____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

4th Child First Name: _____ M.I.____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up First Name: _____ M.I.____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

2nd Contact/Pick Up First Name: _____ M.I.____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

3rd Contact/Pick Up First Name: _____ M.I.____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

Tuition / Payment Information:

Current Tuition Amount: _____ [] Weekly [] Bi-Weekly [] Monthly [] Other _____

Who is responsible for payment of tuition and fees? Please indicate if parents are divorced and split tuition payment or if payment is the responsibility of an adult other than the parents/guardians listed above.

Additional Comments & Information:

Is there is any other information that would be helpful to our management and teaching staff?

Signature:

Signature of Parent/Guardian: _____ Date: _____

Thank You!