



Registration Form

Student Name: _____ Boy Girl

Birth Date: _____

Home Address: _____

City/State: _____ Zip: _____ Home# _____

Father's Name: _____ Bus# _____ Cell# _____ Email: _____

Mother's Name: _____ Bus# _____ Cell# _____ Email: _____

Guardian's Name: _____ Bus# _____ Cell# _____

In case of an Emergency, Illness, or Accident, I permit and/or allow the following persons to pick-up my child from school with the proper Identification.

Contact Person #1: Name: _____ Bus# _____ Cell# _____

Contact Person #2: Name: _____ Bus# _____ Cell# _____

Contact Person #3: Name: _____ Bus# _____ Cell# _____

I hereby authorize emergency medical personal to treat the above-mentioned child if the above contact persons are unavailable. I understand that if the Director and or Teacher on duty feels that the above-mentioned child needs emergency medical care that needs immediate attention, I do hereby authorize medical attention administered by a professional medical personal without delay.

Information below may be pertinent and vital to the health condition of the above-mentioned child.

Physician to be called: _____ Address: _____

Telephone #: _____ Insurance: _____ Medical# _____

Known Allergies: _____

Health Conditions/Limitations: _____

Enrollment Date: _____ Schedule: **Preschool AM add on PM add on Full Day**

Tuition Amount: _____ **M T W Th F**

(Circle All Days Attending School)

Parent/Guardian Signature

Date