



GROWING TREASURES PRIVATE SCHOOL

8318 N.W 103 St.

Hialeah Gardens FL, 33016

Phone: 305-558-0133

Fax: 786-347-4107

REGISTRATION/EMERGENCY FORM

Student's Name: _____

Date of Birth: _____

Social Security Number: _____

Home Address: _____

Father's Name: _____

Father's Phone Number: _____

Father's Cell Phone: _____

Father's Work Number: _____

Father's E-mail: _____

Mother's Name: _____

Mother's Phone Number: _____

Mother's Cell Phone: _____

Mother's Work Number: _____

Mother's E-Mail: _____

Alternative Emergency Contact Person (s)

Student will be released only to the custodial parent or legal guardian and the person listed below. The following people will also be contacted and are authorized to remove the child from the facility with proof of ID in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical Information: (Allergies to medications, foods, other substances, etc)

Student's Doctor: _____

Phone: _____



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Signature of Parent Guardian

Date