



My Very Own School

Registration Form

Today's Date: _____ Date Care To Begin: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Address: _____

Date of Birth _____ Contact Phone: _____

Student Resides with:

- Mother Father Both Parents
- Guardian

Mother's Name: _____

Address: _____

Home Phone _____ Work: _____

Cell Phone: _____ Email: _____

Father's Name: _____

Address: _____

Home Phone _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact (Other than parents):

Name: _____ Phone: _____



RETURN THIS FORM WITH SECURITY FEE, 1ST WEEK TUITION AND A NONREFUNDABLE \$100 REGISTRATION FEE.

Tuition is due by the first of every month or a 15% late fee will be assessed to the month's tuition. Medical and immunization forms as well as all other forms must be completed and submitted before or on the first day that your child(ren) starts the program. Checks are made to be payable to My Very Own School.

_____ Fulltime

_____ Part-time: _____ AM

_____ 3 days (M, T, W, Th, F) - Please Circle Days



My Very Own School

Enrollment Application

Child's Name: _____

Date of Birth: _____ Date of Enrollment: _____

Child's Address: _____

Parent Information:

Mother's Name: _____

Mother's Address: _____

Phone Numbers:

Home: _____ Cell: _____

Work: _____

Work Address: _____

Father's Name: _____

Father's Address: _____

Phone Numbers:

Home: _____ Cell: _____

Work: _____

Work Address: _____



Person(s) authorized to assume responsibility for the child if parent(s) is/are not available.

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Child's Physician: _____

Address: _____

Phone Number: _____

I attest to the following:

That the above information is correct.

That in the event of a medical emergency, I authorize "My Very Own School" to seek emergency medical care for my Child as deemed necessary by the director.

Parent's Signature:

Name: _____

Relationship: _____

Address:

Phone Number: _____

Cell: _____

