

REGISTRATION FORM 2021-22

DOB: Student Name: _ Nickname (if applicable): Grade Entering: _____ Parent/Guardian #1 Name: Address: ______ Phone: Email: Parent/Guardian #2 Name: _____ Address: _____ Phone: _____ Email: **Medical:** Known allergies: _____ Regular medications: _____ If medication is required while in attendance, please list name, description, and dose Other Considerations: Is your child an English Language Learner? Yes / No Does your child have a 504? Yes / No Does your child have an IEP? Yes / No Does/has your child participate(d) in your local school's Gifted program? Yes / No If you responded yes to any of the above, please provide supporting documentation. **Emergency Contact:** Emergency Contact name: _____ Relationship to student: ______ Address: ______ Phone: **Transportation:** How will your child arrive for each session (circle all that apply): Car / Bike / Walk How will your child depart for each session (circle all that apply): Car / Bike / Walk Other than the adults listed on this form, who has permission to pick-up your child (ID will be required should this situation arise)? Name: _____ Relationship to student: _____

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What are your child's academic strengths? Which classes, content, skills, etc. does he/she enjoy most?
In which areas could your child benefit from additional support? Which classes, content, skills, etc. does he/she not enjoy and why?
Other Interests: Academics aside, what activities does your child enjoy outside of the classroom? What hobbies/interests does he/she have? How would you describe his/her personality?
Parent Goals: What are your goals for your child this year academic, social, emotional, etc.?
Anything else you'd like me to know?

Academic Information:

Parent/Guardian Signature

THANK YOU FOR YOUR TIME!

Date