

Chrysalis School Registration

Child's name:

Date of birth (m/d/y):

Gender:

Current grade:

Grades held back:

Previous school:

Mother's name:

Home phone:

Work phone:

Cell phone:

Father's name:

Home phone:

Work phone:

Cell phone:

Emergency contact:

Phone:

Relationship to child:

Emergency contact:

Phone:

Relationship to child:

Email address where parents can be contacted with school news and student updates:

The child resides with:

Complete mailing address where child resides:

Has your child been diagnosed with a learning or physical disability? Please list each the professional who diagnosed each.

Diagnosis

Professional

Does your child have special dietary restrictions? Please explain his/her diet and the reason for the restriction.

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Please list specialists your child has worked with or is currently working with:

Therapy	Therapist's name	When?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list your goals for your child attendance at Chrysalis School: _____

Name of parent submitting application

Signature of parent submitting application