

**Parent/Guardian Information**

Registration Date: \_\_\_\_\_

School Directory: Would you like your family to be included in our school directory?  Yes  No

**Parent /Guardian 1** First Name: \_\_\_\_\_ M.I.\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents) Social Security #: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

Relationship to Child:  Mother  Father  Grandparent  Foster Parent  Other \_\_\_\_\_

Mark All that Apply:  Child Lives With  Emergency Contact  Authorized Pickup

Is there is other information you would like us to know?

\_\_\_\_\_  
\_\_\_\_\_

**Parent /Guardian 2** First Name: \_\_\_\_\_ M.I.\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents) Social Security #: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

Relationship to Child:  Mother  Father  Grandparent  Foster Parent  Other \_\_\_\_\_

Mark All that Apply:  Child Lives With  Emergency Contact  Authorized Pickup

Is there is other information you would like us to know?

\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

**Child Information**

**1<sup>st</sup> Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Child's S.S. #: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Regular Schedule:  5 Days  4 Days  3 Days Start Date \_\_\_\_\_  
 Full Day  Half-Day  
 Monday  Tuesday  Wednesday  Thursday  Friday

Photographs: May we maintain a photo of your child for security purposes?  Yes  No

**2<sup>nd</sup> Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Child's S.S. #: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Regular Schedule:  5 Days  4 Days  3 Days Start Date \_\_\_\_\_  
 Full Day  Half-Day  
 Monday  Tuesday  Wednesday  Thursday  Friday

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**3rd Child** First Name: \_\_\_\_\_ M.I.\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Child's S.S. #: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Regular Schedule:  5 Days  4 Days  3 Days Start Date \_\_\_\_\_  
 Full Day  Half-Day  
 Monday  Tuesday  Wednesday  Thursday  Friday

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Emergency Contacts & Authorized Pickup Persons:**

**1st Contact/Pick Up** First Name: \_\_\_\_\_ M.I.\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Emergency Contact

Authorized to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick Up** First Name: \_\_\_\_\_ M.I.\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Emergency Contact

Authorized to pick up the following children: \_\_\_\_\_

**3rd Contact/Pick Up** First Name: \_\_\_\_\_ M.I.\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Emergency Contact

Authorized to pick up the following children: \_\_\_\_\_

**4<sup>th</sup> Contact/Pick Up** First Name: \_\_\_\_\_ M.I.\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

Emergency Contact

Authorized to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_  Monthly  Other\_\_\_\_\_

Who is responsible for payment of tuition and fees? Please indicate if parents are divorced and split tuition payment or if payment is the responsibility of an adult other than the parents/guardians listed above.

Please note that if on alternative pay program such as SCOE, parent is responsible for any tuition fees not covered by alternative pay program. Int.\_\_\_\_\_

Parent is responsible for yearly registration fee. Registration fee is due at time of enrollment and every January. Registration fee will not be prorated. Int.\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments & Information:**

Is there is any other information that would be helpful to our management and teaching staff?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank You!**