



Child's Full Name _____

Date of Birth: _____ Date Registered: _____

Mother's Name _____

Father's Name _____

Child's Primary Address Mother Father Both

Home Phone # _____ Email _____

Mother's Cell # _____ Father's Cell # _____

Father's Employer _____

Phone # _____

Mother's Employer _____

Phone # _____

List Any Allergies Your Child Has.

List any special needs/medical conditions your child has.

Does your child take any medications regularly? Y N

List Medications: _____

Were there any problems with your child at birth? Y N

Is your child generally happy and able to play with other children easily? Y N

When was your child's last visit to a doctor? _____

Please List Names and Phone Numbers of Adults Authorized to provide transportation for child if parents cannot be reached.

Name/Relationship _____ # _____

Name/Relationship _____ # _____

Name/Relationship _____ # _____

Please List Names and Phone Numbers of Adults Authorized to act for parents in case of illness or emergency.

Name/Relationship _____ # _____

Name/Relationship _____ # _____

Name of Physician _____

Phone # of Physician _____

Other Children in Your Family

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Church Family Attends (If Any) _____

I have received and read a copy of the Parent Handbook, I agree to adhere to all school policies.

I do hereby authorize emergency medical care.

I understand and agree to the following terms:

- The registration fee and supply fees are non-refundable.
- A 30-day notice is required to discontinue my enrollment.
- A \$15 late fee will be assessed if tuition is not paid by the 10th of the month.
- A \$1-per-minute late fee will be charged if I am late picking up my child.
- A \$7 per transaction fee if paying online with bank draft or card

Who will be responsible for payment of tuition? _____

SIGNATURE OF PARENT

I am registering for: (check)

Monday/Wednesday _____

Tuesday/Thursday _____