



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, supply fees, and the summer 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 10<sup>th</sup> 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? \_\_\_\_\_

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SIGNATURE OF PARENT

I am registering for: (check)

Monday/Wednesday \_\_\_\_\_

Tuesday/Thursday \_\_\_\_\_