



## Registration / Application

Child's full name: \_\_\_\_\_ School year: Fall 2017-2018

Name child is called: \_\_\_\_\_ Gender(circle one): male female

Date of birth: \_\_\_\_\_ Child's age on first day of school: \_\_\_\_\_

Primary address: \_\_\_\_\_  
Street / City / State / Zip

Home phone: \_\_\_\_\_

### Family Information

Mother's name: \_\_\_\_\_

Mother's home phone: \_\_\_\_\_ Mother's cell phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mother's email: \_\_\_\_\_

Father's name: \_\_\_\_\_

Father's home phone: \_\_\_\_\_ Father's cell phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Father's email: \_\_\_\_\_

Other Address (if different from above): Circle: Mother Father

\_\_\_\_\_

Siblings and ages: \_\_\_\_\_

### Emergency Information

Child's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Known allergies or health conditions: \_\_\_\_\_

Others to contact in emergency if parents cannot be reached:

1. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

I give permission for emergency treatment if parents cannot be reached.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_