



REGISTRATION FORM

Name of Student: _____ Nickname: _____ Birthday: ___/___/___
Home Address: _____ Current Age: _____ Gender: _____
City: _____ State: _____ Zip code: _____

MOTHER'S INFORMATION

FATHER'S INFORMATION

Name: _____
Drivers License: _____
Address: _____
Home Phone: _____
Cell Phone: _____
Email: _____

Does your child have any allergies? (If so, please explain): _____

Does your child have any medical conditions? (If so, please explain): _____

Should we feel it necessary based upon your description of your child's conditions or illnesses, would you be willing to provide a HIPPA authorization to allow access to your child's medical records in advance of enrollment? ___ Yes ___ No

How did you hear about our school? _____

SCHEDULE

HALF DAY 8:30am - 12:30pm (Primary) and 8:30am - 12:00pm (Pre-Primary) Proposed Starting Date: ___/___/___
FULL DAY 8:30am - 3:00pm
EXTENDED DAY 7:00am - 6:00pm Days Attending: M T W T H F

INFANT
(3 months - 18 months)
EXT. DAY: 5 DAYS _____

PRE-PRIMARY
(18 months - 3 years old)
HALF DAY: 5 DAYS _____
FULL DAY: 5 DAYS ___ 3 Days ___
EXT. DAY: 5 DAYS ___ 3 Days ___

PRIMARY
(3 - 6 years old)
HALF DAY: 5 DAYS _____
FULL DAY: 5 DAYS ___ 3 Days ___
EXT. DAY : 5 DAYS ___ 3 Days ___

Signature: _____ Printed Name _____ Date: ___/___/___

By signing this registration form I understand that registration fee is non-refundable and agree to all school policies, terms and conditions.

FOR SCHOOL USE ONLY

Table with 3 columns: Date of Enrollment, Program, Supply Fee; Registration Fee, Tuition Fee.