

Office Use Only  
Registration Paid \_\_\_\_\_  
Date/Confirmation \_\_\_\_\_



**Student's Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
Last First Middle

**Preferred Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Sex** \_\_\_\_\_ **US Citizen**  Yes  No

**\* Students must be potty trained.**

**Street Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
Street City State Zip  
**Cell** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **E-mail** \_\_\_\_\_  
(if different from above) City State Zip

**Mother's Name** \_\_\_\_\_ **Employment** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Employment** \_\_\_\_\_ **Phone** \_\_\_\_\_

If parents are separated or divorced, with whom does the child live? \_\_\_\_\_

Does your child have any known allergies or medical conditions? If yes, please explain  
\_\_\_\_\_

Please provide us with any additional information that would affect your child's school experience (special likes or dislikes, fears, habits, etc) \_\_\_\_\_

**Emergency Contact Information**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name of child's doctor** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Person(s) to whom the child may be released (other than parent):**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**A non-refundable registration fee of \$75 must be included to complete this registration**

\_\_\_\_\_  
**Name** \_\_\_\_\_ **Date** \_\_\_\_\_