



REGISTRATION & EMERGENCY CONTACT INFORMATION

CHILD'S NAME (LAST, FIRST)	DATE OF BIRTH	HOME PHONE	
ADDRESS	CITY	STATE	ZIP
START DATE	GRADE ENTERING IN FALL		

SELECT FROM THE FOLLOWING PROGRAM OPTIONS

Elementary/Kindergarten Five Day	Preschool Five Day	Preschool Three Day	Preschool Two Day
<input type="checkbox"/> 8:30 a.m. – 3:30 p.m. <input type="checkbox"/> 7:30 a.m. – 5:30 p.m. Monday-Friday	<input type="checkbox"/> 8:30 a.m. – 3:30 p.m. <input type="checkbox"/> 7:30 a.m. – 5:30 p.m. Monday-Friday	<input type="checkbox"/> 8:30 a.m. – 11:30 a.m. <input type="checkbox"/> 7:30 a.m. – 5:30 p.m. Monday/Wednesday/Friday	<input type="checkbox"/> 8:30 a.m. – 11:30 a.m. <input type="checkbox"/> 7:30 a.m. – 5:30 p.m. Tuesday/Thursday

PARENT(S)/GUARDIAN(S) NAME		
ADDRESS		
CITY	STATE	ZIP
HOME PHONE	WORK PHONE	
CELL PHONE	CELL PHONE CARRIER	
E-MAIL		
PREFERRED CONTACT (when child is at school)		

PARENT(S)/GUARDIAN(S) NAME		
ADDRESS		
CITY	STATE	ZIP
HOME PHONE	WORK PHONE	
CELL PHONE	CELL PHONE CARRIER	
E-MAIL		
PEFERRED CONTACT (when child is at school)		



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ADDITIONAL EMERGENCY CONTACT & AUTHORIZED PICK UP

Please list at least one (1) person who may assume responsibility of your child in an emergency if the parent(s)/guardian(s) cannot be reached. Use back or additional sheets if necessary.

NAME

RELATIONSHIP

PHONE

NAME

RELATIONSHIP

PHONE

NAME

RELATIONSHIP

PHONE

PARENT/GUARDIAN SIGNATURE

DATE