

Children's Names (First & Last)

_____	Grade _____	Room # _____
_____	Grade _____	Room # _____
_____	Grade _____	Room # _____
_____	Grade _____	Room # _____

Parent/Guardian Information

Mother/Guardian 1 First Name: _____ Last Name: _____
 Address: _____
 Home Phone: () _____ Cell Phone: () _____
 Occupation/Employer: _____ Work Phone: () _____
 Work Address: _____ Email: _____
 Marital Status: Married Single Divorced Separated Widowed Other _____
 Relationship to Child: Mother Father Grandparent Foster Parent Other _____

Father /Guardian 2 First Name: _____ Last Name: _____
 Address: _____
 Home Phone: () _____ Cell Phone: () _____
 Occupation/Employer: _____ Work Phone: () _____
 Work Address: _____ Email: _____
 Marital Status: Married Single Divorced Separated Widowed Other _____
 Relationship to Child: Mother Father Grandparent Foster Parent Other _____

Persons Authorized to Pickup/Contact in case of Emergency - In addition to parents/guardians listed above

1st Contact/Pick Up First Name: _____ Last Name: _____
 Address: _____
 Relationship to Child: _____ Home Phone: () _____
 Occupation/Employer: _____ Cell Phone: () _____
 Email: _____ Work Phone: () _____

2nd Contact/Pick Up First Name: _____ Last Name: _____
 Address: _____
 Relationship to Child: _____ Home Phone: () _____
 Occupation/Employer: _____ Cell Phone: () _____
 Email: _____ Work Phone: () _____

3rd Contact/Pick Up First Name: _____ Last Name: _____
 Address: _____
 Relationship to Child: _____ Home Phone: () _____
 Occupation/Employer: _____ Cell Phone: () _____
 Email: _____ Work Phone: () _____

Child Information

1st Child First Name: _____ Last Name: _____

Name child prefers to be called: _____ Gender: []Male []Female Date of Birth: _____

Child's Address: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

2nd Child First Name: _____ Last Name: _____

Name child prefers to be called: _____ Gender: []Male []Female Date of Birth: _____

Child's Address: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

3rd Child First Name: _____ Last Name: _____

Name child prefers to be called: _____ Gender: []Male []Female Date of Birth: _____

Child's Address: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

4th Child First Name: _____ Last Name: _____

Name child prefers to be called: _____ Gender: []Male []Female Date of Birth: _____

Child's Address: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

I agree to all School & Extended Day policies/procedures as outlined in the School Handbook found on the school website and the Extended Day Parent Information Letter I received at the time of registration. This includes logging into my Smart Tuition Account every month on or before the 10th to pay my Extended Care charges if my account is **NOT** set up on automatic withdrawal.

Signature of Parent/Guardian: _____ **Date:** _____

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For office use only: Enrollment Fee Rec'd: _____ Amt. Rec'd _____ Cash _____ Check# _____