

APPLICATION FOR ADMISSION

EMERGENCY CONTACT – PARENT/LEGAL GUARDIAN CONSENT FORM

CHILD'S FULL NAME		NICKNAME	PRIMARY LANGUAGE	BIRTH DATE
ADDRESS – STREET, CITY, STATE, ZIP		HAS YOUR CHILD HAD ANY PREVIOUS SCHOOL OR GROUP EXPERIENCE IF SO WHEN & WHERE:		
IS YOUR CHILD TOILET TRAINED	DO RELEVANT CUSTODY PAPERS APPLY? () YES () NO	SCHOOL-AGE CHILDS SCHOOL	GENDER () M () F	
DAYS () 3 () 4 () 5	SCHEDULE () HALF (9AM – 12PM) () FULL (9AM – 3PM) () EXTENDED (7AM – 5PM) () EXTRA HRS			
PARENT'S/LEGAL GUARDIAN'S NAME			NUMBER OF SIBLINGS & AGES	
HOME ADDRESS – STREET, CITY, STATE, ZIP			HOME TELEPHONE NUMBER	
BUSINESS NAME	WORK HOURS	BUSINESS TELEPHONE NUMBER		
BUSINESS ADDRESS – STREET, CITY, STATE, ZIP			ALTERNATE NUMBER	
			EMAIL ADDRESS	
PARENT'S/LEGAL GUARDIAN'S NAME			NUMBER OF SIBLINGS & AGES	
HOME ADDRESS – STREET, CITY, STATE, ZIP			HOME TELEPHONE NUMBER	
BUSINESS NAME	WORK HOURS	BUSINESS TELEPHONE NUMBER		
BUSINESS ADDRESS – STREET, CITY, STATE, ZIP			ALTERNATE NUMBER	
			EMAIL ADDRESS	
LOCAL EMERGENCY CONTACT PERSON(S) TO WHOM THE CHILD MAY BE RELEASED				
NAME SCHOOL	FULL ADDRESS	RELATIONSHIP	TELEPHONE NUMBER WHEN CHILD IS IN	
1.				
2.				
3.				
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER	HOSPITAL AFFILIATION	
CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER – ADDRESS, STREET, CITY, STATE, ZIP				
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING REACTION)		
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION				
ADDITIONAL INFORMATION REGARDING SPECIAL NEEDS		MEDICAL, SPECIAL CONDITIONS		
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)		
NAME OF CHILD'S DENTIST		DENTIST TELEPHONE NUMBER		
PARENT'S/LEGAL GUARDIAN'S SIGNATURE IS REQUIRED BELOW TO INDICATE CONSENT				
OBTAINING EMERGENCY MEDICAL CARE		ADMINISTRATION OF MINOR FIRST-AID PROCEDURES		

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

THIS APPLICATION MUST BE ACCOMPANIED BY A NON-REFUNDABLE REGISTRATION FEE OF \$50.00

FOR SCHOOL USE ONLY	DATE PAID	() CASH	() CHECK #
	START DATE	ARRIVAL TIME	DEPARTURE TIME
	PRMO DISCOUNT	MONTHLY TUITION	DEPOSIT