

# STUDENT REGISTRATION INFORMATION

SCHOOL YEAR 2015/2016



CHILD'S NAME: \_\_\_\_\_  
Last First Nickname Middle

ADDRESS \_\_\_\_\_  
ZIP Phone

BIRTHDATE \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_ AS \_\_\_\_\_

ADDRESS (if different than child) \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_ AS \_\_\_\_\_

ADDRESS (if different than child) \_\_\_\_\_

PARENT'S PREVIOUS PROFESSION \_\_\_\_\_  
(if not presently employed outside the home)

FAMILY E-MAIL ADDRESS \_\_\_\_\_

NAMES AND AGES OF OTHER CHILDREN \_\_\_\_\_

HAS CHILD ATTENDED ANY OTHER SCHOOL? \_\_\_\_\_ WHERE? \_\_\_\_\_

REFERRED BY \_\_\_\_\_

I AM INTERESTED IN ENROLLING MY CHILD IN \_\_\_\_\_  
(Month) (Year)

I AM INTERESTED IN THE: ABBREVIATED CALENDAR \_\_\_\_\_ BALANCED \_\_\_\_\_

**PLEASE CIRCLE ONE ITEM FOR EACH CATEGORY:**

1. DAYS PER WEEK: 5 3 2  
2. SESSION: A.M. ALL DAY  
3. CLASS: PRE/K PRIMARY

I WILL NEED THE FOLLOWING EXTENDED HOURS: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

PLEASE LIST ANY FOOD OR MEDICAL ALLERGIES/RESTRICTIONS: \_\_\_\_\_  
\_\_\_\_\_

... where the love of learning begins.