



### Parent/Guardian Information

**Mother/Guardian** First Name: \_\_\_\_\_ M.I.:\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
 Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_  
 Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)  
 Email: \_\_\_\_\_  
 Marital Status: Married  Single  Divorced  Separated  Widowed  Other\_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I.:\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
 Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_  
 Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)  
 Email: \_\_\_\_\_  
 Marital Status: Married  Single  Divorced  Separated  Widowed  Other\_\_\_\_\_

### Child Information

**1<sup>st</sup> Child** First Name: \_\_\_\_\_ M.I.:\_\_\_\_ Last Name: \_\_\_\_\_  
 Name child prefers to be called: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Child's Address: \_\_\_\_\_  
 Gender:  Male  Female Date of Birth: \_\_\_\_\_  
 List any existing medical conditions, medication and/or special attention your child may require.  
 \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Has your child ever been expelled or placed on a behavioral plan at previous preschool or activity?  Yes  No

If Yes please explain therapy or behavioral plan put in place:

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Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**2nd Child** First Name: \_\_\_\_\_ M.:\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

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

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Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Has your child ever been expelled or placed on a behavioral plan at previous preschool or activity?  Yes  No

If Yes please explain therapy or behavioral plan put in place:

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Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**3rd Child** First Name: \_\_\_\_\_ M.I.:\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

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

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Allergies: \_\_\_\_\_

**Pediatrician's Name:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**Address:** \_\_\_\_\_

Has your child ever been expelled or placed on a behavioral plan at previous preschool or activity?  Yes  No

If Yes please explain therapy or behavioral plan put in place:

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Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

## Emergency Contacts & Authorized Pickup Persons:

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ Address: \_\_\_\_\_

Able to pick up all children in the family

**2<sup>nd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ Address: \_\_\_\_\_

Able to pick up all children in the family

**3<sup>rd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ Address: \_\_\_\_\_

Able to pick up all children in the family

**4<sup>th</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ Address: \_\_\_\_\_

Able to pick up all children in the family

**5<sup>th</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ Address: \_\_\_\_\_

Able to pick up all children in the family

**6<sup>th</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ Address: \_\_\_\_\_

Able to pick up all children in the family

**7<sup>th</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ Address: \_\_\_\_\_

Able to pick up all children in the family

**Tuition / Payment Information:**

Tuition Amount: \_\_\_\_\_ [ ] Bi-Monthly or \_\_\_\_\_ [ ] Monthly

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above. If you have a Native American card in your family contact us for more details of scholarships available.

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**Additional Comments & Information:**

Is there is any other information about your child that that would be helpful to our management and teaching staff?  
Would you like to be on a list for volunteering at our school parties and school activities?

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**Signature:**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_