

## 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	
Cina information	
1st 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: ( )	

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

Photographs: May we take and maintain a ph	noto 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:	:
	tion 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 p	
ii res pieuse expluin merupy of benavioral p	plan put in place:
	olan put in place:
Photographs: May we take and maintain a ph	noto of your child for security purposes? [] Yes [] No
Photographs: May we take and maintain a phase of the state of the stat	noto of your child for security purposes? [] Yes [] No M.I:Last Name:
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Photographs: May we take and maintain a phase of Child First Name:  Name child prefers to be called:  Child's Address:  Gender: [] Male [] Female Date of Birth	noto of your child for security purposes? [] Yes [] No M.I:Last Name:Grade:
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Photographs: May we take and maintain a photographs: May we take and maintain a photographs: Mame:  Name child prefers to be called:  Child's Address:  Gender: [] Male [] Female Date of Birth: List any existing medical conditions, medica  Allergies:  Pediatrician's Name:  Address:	noto of your child for security purposes? [] Yes [] No M.I:Last Name: Grade:  tion and/or special attention your child may require. Phone: ( )

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

## **Emergency Contacts & Authorized Pickup Persons:**

1st Contact/Pick Up Name:		Phone:
Relationship to the Child:	Address:	
[ ] Able to pick up all children in the family		
2nd Contact/Pick Up Name:		Phone:
Relationship to the Child:	Address:	
[ ] Able to pick up all children in the family		
3rd Contact/Pick Up Name:		Phone:
Relationship to the Child:		
[ ] Able to pick up all children in the family	radioss.	
4th Contact/Pick Up Name:		Phone:
Relationship to the Child:	Address:	
[ ] Able to pick up all children in the family		
5th Contact/Pick Up Name:		Phone:
Relationship to the Child:		
[ ] Able to pick up all children in the family		
6th Contact/Pick Up Name:		Phone:
Relationship to the Child:		
[ ] Able to pick up all children in the family		
7th Contact/Pick Up Name:		Phone
Relationship to the Child:		
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. **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? Signature: Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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