



Child's Full Name _____ Nickname _____

Age: _____ Birthdate _____ Male _____ Female _____

Address _____

Mother _____ Occupation _____

Cell # _____ Home _____ Email _____

Father _____ Occupation _____

Cell # _____ Home _____

Members of Household & Relationship _____

Emergency Contacts

Name _____ Relationship _____ Ph _____

Name _____ Relationship _____ Ph _____

Food Allergies _____

Child's Physician _____ Ph _____

Names of others allowed to pick up child _____

Child's Prior Academic History (Preschool, Homeschool, etc) _____

Strengths _____

Concerns _____

Additional Info _____

****A nonrefundable \$100 deposit is due upon registration**

