

Registration Form

Date Rec'd _____

Reg. Fee Rec'd _____

CHILD'S NAME _____

BIRTHDATE _____ BOY _____ GIRL _____

SCHOOL _____ GRADE 2016-2017 SCHOOL YEAR _____ Teacher _____

REGISTRATION INFORMATION (Check All Correct Information)

_____ AM Kindergarten (11:05 – 2:50pm) _____ P.M. Kindergarten (8am-noon)

Wrap around kindergarten care and after school care

_____ Full Time (4 to 5x per week) _____ Part Time (3 to 4x per week)

_____ Occasional (10 afternoons)

Part Time A.M. –If you know the days of attendance, please circle. M T W TH F

Part Time P.M. – If you know the days of attendance, please circle. M T W TH F

CHILD LIVES WITH _____ BOTH PARENTS _____ MOTHER _____ FATHER _____ GUARDIAN

1. Name _____

Address _____ City _____ Zip _____

Home Phone _____ Relationship _____

Employer _____ Job Title _____

Employer Address _____ Work Phone _____

E-mail Address _____ Pager/Cell Phone _____

2. Name _____

Address _____ City _____ Zip _____

Home Phone _____ Relationship _____

Employer _____ Job Title _____

Employer Address _____ Work Phone _____

E-mail Address _____ Pager/Cell _____

HOW WILL YOUR CHILD LEAVE AT THE END OF THE AFTERNOON?

_____ Leave the school by him/herself _____ picked up by parent _____ other

Your kids will not be released from me or my caregivers to anyone other than the parent, guardian, or listed individuals unless written or verbal exceptions are given by the parent or guardian. In addition, children will not be released to anyone perceived by staff as incapable of safely transporting children. All authorized persons should be prepared to show ID.

SIGNATURE _____ Today's Date _____