

# STUDENT REGISTRATION INFORMATION

SCHOOL YEAR 2011/2012



**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)

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

- |                          |              |                |          |
|--------------------------|--------------|----------------|----------|
| <b>1. DAYS PER WEEK:</b> | <b>5</b>     | <b>3</b>       | <b>2</b> |
| <b>2. SESSION:</b>       | <b>A.M.</b>  | <b>ALL DAY</b> |          |
| <b>3. CLASS:</b>         | <b>PRE/K</b> | <b>PRIMARY</b> |          |

**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.