

**Parent/Guardian Information**

School Site: \_\_\_\_\_

**Mother/Guardian** First Name: \_\_\_\_\_ M.I.\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ DL#: \_\_\_\_\_ Issuing State: \_\_\_\_\_

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: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ DL#: \_\_\_\_\_ Issuing State: \_\_\_\_\_

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/Site: \_\_\_\_\_

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

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

Program:  Before School Only  After School Only  Before and After School  Drop In Pass

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

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

**Child Information - Continued**

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

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

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

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

Program:  Before School Only  After School Only  Before and After School  Drop In Pass

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

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

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

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

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

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

Program:  Before School Only  After School Only  Before and After School  Drop In Pass

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

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

**4th Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

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

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

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

Program:  Before School Only  After School Only  Before and After School  Drop In Pass

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

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

**Emergency Contacts & Authorized Pickup Persons:**

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

Relationship to the Child: \_\_\_\_\_ DL#: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

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

Relationship to the Child: \_\_\_\_\_ DL#: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

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

Relationship to the Child: \_\_\_\_\_ DL#: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

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

Relationship to the Child: \_\_\_\_\_ DL#: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Payment Preference:     Bi-Weekly (1<sup>st</sup> & 14<sup>th</sup>)     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.

\_\_\_\_\_  
\_\_\_\_\_

**Signature:**

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

**Thank You!**