Parent/Guardian Information

School Site:______________________

1. Primary Parent in charge of account

First Name: _______________________ M.I____ Last Name: ______________________ Relationship___________

Address: ____ Zip Code: ___________

Home Phone( )_________________ Cell Phone: ( ) _____________________

Occupation: ___________________________ Employed By:__________________________ Phone( )________________

DL#: _______________ Issuing State: ____ **Email:(required)**______________________________________

[ ] Custodial Parent (If married, mark both parents)

Marital Status:[ ] Married [ ] Single [ ] Divorced [ ] Separated [ ] Widowed [ ] Other_____________________

<u>Tuition / Payment Information:</u>

Payment Preference: [ ] Monthly [ ] Bi-Weekly (1st & 14th)Additional signature needed

2. Secondary Parent in charge of account

First Name: _______________________ M.I ___Last Name: ______________________ Relationship___________

Address: ____ Zip Code: ___________

Home Phone( )_________________ Cell Phone: ( ) _____________________

Occupation: ___________________________ Employed By:__________________________ Phone( )________________

DL#: _______________ Issuing State: ____ **Email:(required)**______________________________________

[ ] Custodial Parent (If married, mark both parents)

Marital Status:[ ] Married [ ] Single [ ] Divorced [ ] Separated [ ] Widowed [ ] Other_____________________

Child Information

1st 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: ____

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: ____

Child Information - Continue

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: ____

Additional Emergency Contacts & Authorized Pickup Persons:

1st 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:____

2nd 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:____

3rd 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:____

4th 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:____

Parent Signature:_____________________________________ Date: __________