

Entered on the computer by \_\_\_\_\_ Date \_\_\_\_\_

**All information is kept confidential and must be submitted before admittance.**

Today's Date \_\_\_\_\_ Date child will begin school \_\_\_\_\_

**Please complete all forms and return to the office at least five days before child's first day of attendance. Please enter all information clearly.**

SPONSOR'S NAME (parent/guardian) \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

CO-SPONSOR'S NAME (parent/guardian) \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Co-parenting \_\_\_\_\_

1. CHILD'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

2. CHILD'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

3. CHILD'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

**SCHEDULE:** ARRIVAL TIME \_\_\_\_\_ DEPARTURE TIME \_\_\_\_\_

**Select a program by writing your child's name in the appropriate blank:**

Toddler (12-36 months) \_\_\_\_\_ Young Preschool (2 ½ - 3 ½) \_\_\_\_\_

Potty-Trained? \_\_\_\_\_

Preschool \_\_\_\_\_ Kindergarten \_\_\_\_\_

Elementary \_\_\_\_\_ Middle School \_\_\_\_\_ Dick Scobie \_\_\_\_\_

Grade \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_ Internet \_\_\_\_\_ Facebook \_\_\_\_\_ Drive by \_\_\_\_\_

Referred by \_\_\_\_\_ Other \_\_\_\_\_ (specify)

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### Pick-up Authorization/Emergency Contacts

Who other than yourself and the co-sponsor listed is allowed to pick up your child from care?

- Authorized for pick-up** Name \_\_\_\_\_  
 **Emergency Contact Only** Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

- Authorized for pick-up** Name \_\_\_\_\_  
 **Emergency Contact Only** Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

- Authorized for pick-up** Name \_\_\_\_\_  
 **Emergency Contact Only** Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Is there a specific person who may **NOT** remove your child from the school?

Name \_\_\_\_\_ Please explain: \_\_\_\_\_

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

Do you have restraining order or legal document limiting custody to this person? If yes, please furnish copies for your child's file. \_\_\_\_\_

Has your child been enrolled in any other school or childcare setting before? \_\_\_\_\_

Where \_\_\_\_\_ When \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\_\_\_\_\_

**Please summarize why you have selected our program.**