

# Student Registration Form

## Student Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Birth Place: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Student lives with:  Both Parents  Father  Mother  Guardian  Foster Parents

## Father/Guardian Information:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ CDL: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer Address: \_\_\_\_\_

## Mother/Guardian Information:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ CDL: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer Address: \_\_\_\_\_

## Siblings:

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_

## Program Desired

### Age

Infants (0-23 months)

Toddlers (2-3 years old)

Preschool (3-5 years old)

### Schedule

M-T-W-TH-F

M-T-W-TH-F

M-T-W-TH-F

M-W-F

M-W-F

T-TH

T-TH

Full Days

Full Days

Full Days

Potty Trained:  Yes  No

Other: \_\_\_\_\_ Start Date: \_\_\_\_\_ Tuition Rate: \_\_\_\_\_

I understand that the above rates are subject to change as conditions may require, but that I will receive at least a thirty (30) day notice of any change.

I have read the school admission/withdraw policy and agree to the school financial commitments.

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_