



ALL-DAY PRIVATE KINDERGARTEN 2007-08 REGISTRATION FORM



Child's Name: _____ Birth Date: ____/____/____

Start Date: _____ Age: _____ Sex: M F

Select Times Attending: Before School Care 6:00a.m. - 8:30a.m. (included in tuition) Full Day Kindergarten 8:30a.m. - 2:30p.m.

Half Day Kindergarten 8:30a.m. - 11:30a.m. After School Care 2:30p.m. - 6:00p.m. (included in tuition)

#1 LEGAL GUARDIAN: _____ Relationship to Child: _____

NAME

Address: _____

Hm Ph: (_____) _____ Wk Ph: (_____) _____ Cell Ph/Pager: (_____) _____

CITY:

STATE:

ZIP:

Social Security No.: _____ Driver's License No.: _____ Work Hrs: _____

Employer: _____ Employer Address: _____ Work Days: Su M T W R F Sa

Marital Status: Single Married Divorced Remarried Widowed Separated

#2 LEGAL GUARDIAN: _____ Relationship to Child: _____

NAME

Address: _____

Hm Ph: (_____) _____ Wk Ph: (_____) _____

CITY:

STATE:

ZIP:

Social Security No.: _____ Driver's License No.: _____ Work Hrs: _____

Employer: _____ Employer Address: _____ Work Days: Su M T W R F Sa

Marital Status: Single Married Divorced Remarried Widowed Separated

MEDICAL/EMERGENCY INFORMATION + + + +

Does your child have any allergies, developmental habits, special needs, or any other factors critical to the child's well being that may require medications, assistance, or accommodations in conjunction with his/her ability to participate in this program? If so, please explain.

Physician: _____ Ph: (_____) _____

Address: _____

Name: _____ Relation: _____

Address: _____

Hm Ph: (_____) _____ Wk Ph: (_____) _____

Name: _____ Relation: _____

Address: _____

Hm Ph: (_____) _____ Wk Ph: (_____) _____

I acknowledge that the above information is correct. Further, I understand and agree that it is my responsibility to notify Afterschool Club, in writing, of any changes to this information.

Legal Guardian Signature: _____ Date: _____