



Registration 2017-18

Today's Date

PARENTS	<p>Parent(s)/Guardian(s) _____</p> <p>Accompanying Adult, if other than Parent/Guardian _____ relationship to child _____</p> <p>Parent/Guardian Email Address(es) _____</p> <p>Mom's Cell Phone _____ Dad's Cell Phone _____ Home/Other Phone _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p>						
2017-18 classes	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;"> Infant & Toddler (walker) Nurseries Preschool 1: born 9/1/2014 - 8/31/2015 Preschool 2: born 9/1/2013 - 8/31/2014 </td> <td style="border: none; width: 50%;"> PreK: born before 9/1/2013; not yet in Kindergarten K: Kindergarten 1st - 5th Grades </td> </tr> </table>	Infant & Toddler (walker) Nurseries Preschool 1: born 9/1/2014 - 8/31/2015 Preschool 2: born 9/1/2013 - 8/31/2014	PreK: born before 9/1/2013; not yet in Kindergarten K: Kindergarten 1st - 5th Grades				
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CHILD 1	<p>Name: _____ Gender: _____</p> <p>Birth Date: _____ Age: _____ Grade: _____</p> <p>Allergies: _____ Reaction: _____</p> <p>Any other information about your child that may be helpful to the caregivers/teaching team: _____</p> <p>Does your child receive any therapeutic services or have an IEP or 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">Nursery</td> <td style="text-align: center; border: none;">Early Childhood</td> <td style="text-align: center; border: none;">Elementary</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Infants <input type="checkbox"/> Toddlers</td> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Preschool 1 <input type="checkbox"/> Preschool 2 <input type="checkbox"/> PreK <input type="checkbox"/> K</td> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th</td> </tr> </table>	Nursery	Early Childhood	Elementary	<input type="checkbox"/> Infants <input type="checkbox"/> Toddlers	<input type="checkbox"/> Preschool 1 <input type="checkbox"/> Preschool 2 <input type="checkbox"/> PreK <input type="checkbox"/> K	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th
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Please use second Registration form for additional children