



Registration 2018-19

Today's Date

PARENTS	Parent(s)/Guardian(s) _____							
	Accompanying Adult, if other than Parent/Guardian _____		relationship to child _____					
	Parent/Guardian Email Address(es) _____							
	Mom's Cell Phone _____	Dad's Cell Phone _____	Home/Other Phone _____					
	Street Address _____	City _____	State _____ Zip _____					
2018-19 classes	Infant & Toddler (walker) Nurseries Preschool 1: born 9/1/2015 - 8/31/2016 Preschool 2: born 9/1/2014 - 8/31/2015		PreK: born before 9/1/2014; not yet in Kindergarten K: Kindergarten 1st - 5th Grades					
	CHILD 1							
CHILD 1	Name: _____ Gender: _____							
	Birth Date: _____ Age: _____ Grade: _____							
	Allergies: _____ Reaction: _____							
	Any other information about your child that may be helpful to the caregivers/teaching team: _____ _____							
	Does your child receive any therapeutic services or have an IEP or 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Nursery</td> <td style="text-align: center;">Early Childhood</td> <td style="text-align: center;">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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CHILD 2	Name: _____ Gender: _____							
	Birth Date: _____ Age: _____ Grade: _____							
	Allergies: _____ Reaction: _____							
	Any other information about your child that may be helpful to the caregivers/teaching team: _____ _____							
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CHILD 3	Name: _____ Gender: _____							
	Birth Date: _____ Age: _____ Grade: _____							
	Allergies: _____ Reaction: _____							
	Any other information about your child that may be helpful to the caregivers/teaching team: _____ _____							
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Please use second Registration form for additional children