



Registration 2019-20

Today's Date

| | | | |
|---------|----------------------------------------------------------|------------------------|-----------------------------|
| PARENTS | Parent(s)/Guardian(s) _____ | | |
| | Accompanying Adult, if Parent/Guardian is not here _____ | | relationship to child _____ |
| | Parent/Guardian Email Address(es) _____ | | |
| | Mom's Cell Phone _____ | Dad's Cell Phone _____ | Home/Other Phone _____ |
| | Street Address _____ | City _____ | State _____ Zip _____ |

| | | |
|--------------------|----------------------------------------|-------------------------------------------------------------|
| 2019-20 classes | Infant & Toddler (walker) Nurseries | PreK: born before 9/1/2015; entering Kindergarten Fall 2020 |
| | Preschool 1: born 9/1/2016 - 8/31/2017 | K: Kindergarten (Fall 2019) |
| | Preschool 2: born 9/1/2015 - 8/31/2016 | 1st - 5th Grades (Fall 2019) |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 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 | |
| | Nursery | Early Childhood |
| <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 | |
| Elementary | | |
| <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th | | |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 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: _____ _____ | |
| | Does your child receive any therapeutic services or have an IEP or 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Nursery | Early Childhood |
| <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 | |
| Elementary | | |
| <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th | | |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 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: _____ _____ | |
| | Does your child receive any therapeutic services or have an IEP or 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Nursery | Early Childhood |
| <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 | |
| Elementary | | |
| <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th | | |

Please use second Registration form for additional children