

CHILD'S ADMISSION RECORD

Enrollment Date _____

Child's Name _____ Birthdate: _____

Home Address _____ Telephone _____

E-mail address _____

Father or Guardian's Name (Address) _____

Where Employed _____ Cell Phone _____

Mother or Guardian's Name (Address) _____

Where Employed _____ Cell Phone _____

Emergency Contact: Name: _____ Phone No. _____

Relationship to child _____

Person's other than parents, permitted to call for the child: _____

Person's not permitted to call for the child: _____

Insurance _____

Child's doctor _____ Telephone _____

Child's dentist _____ Telephone _____

List any chronic or handicapping problem that your child has; e.g. seizures, asthma, diabetes, heart disease, respiratory illness, allergic reaction etc. _____

Has your child been diagnosed or do you have any concerns with developmental delays or other issues that may affect how your child learns or how I would best support his individual learning and growth (i.e., speech/language, cognitive, social-emotional, sensory integration issues, fine-gross motor, complications at birth, activities of daily living, hearing, vision etc..) _____

Circle any illness your child as had: Measles German Measles Mumps Chicken Pox Strep Throat

Scarlet Fever Rheumatic Fever Other: _____

Has he/she had contact with tuberculosis? _____

At time of Admission, parent understands that tuition will be billed at \$120/month and that tuition is due at the first of each month.

Signature _____ Date _____