

Student Registration Form 2024/2025

Child's Name: _____

Date of Birth: _____ Age: _____

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Contact Info:

Parent Name: _____

Phone Number: _____ Email: _____

Enrollment Selection

Please indicate your desired days and times. We will do our best to accommodate you and your child.

Toddler (18 months to 2 years)

	Mon.	Tues.	Wed.	Thurs.	Fri.
9:00 – 2:30 p.m.					

	Mon.	Tues.	Wed.	Thurs.	Fri.
Before Care (7:30 – 9:00 a.m.)					
After Care (2:30 – 5:00 p.m.)					

Preschool (3 to 5 years)

MWF 9 – 2:30 p.m.

M- F 9 – 2:30 p.m.

	Mon.	Tues.	Wed.	Thurs.	Fri.
Before Care (7:30 – 9:00 a.m.)					
After Care (2:30 – 5:00 p.m.)					

Student Information

Name: _____

Is your child currently receiving any special professional services, such as speech therapy, physical therapy, psychological services, family counseling, ect.:

Allergies

Does your child have any known allergies: _____

Family

Mother/Guardian: Occupation: _____

Email: _____ Phone: _____

Best Form of Contact: Email Phone

Father/Guardian Occupation: _____

Email: _____ Phone: _____

Best Form of Contact: Email Phone

Religious Affiliation & Church : _____

Parent's Marital Status: _____

If parents are divorced or separated, with whom does the child live? _____

Name, and Age of Other Children in the Family:

Sleeping

What time does he/she go to bed at night? _____ Get up in the morning? _____

Does he/she take a daytime nap or rest? _____ If yes, for how long? _____

Speech

Does he/she speak plainly so that others can understand him/her? _____

Is English his/her primary language? _____

If no, give primary language _____

Are any other languages, other than English, spoken in the home? _____

Toilet Habits (For Preschool student or students who need accommodations in this area.)

Is your child toilet trained? _____

When your child has to use the toilet, what term does he/she use? _____

Additional Comments or Concerns: _____
