



NAME	
DATE OF BIRTH	
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female

Enrollment Form 2019-2020

FATHER:	Phone:	Cell Phone:
Mailing Address:	City:	Zip:
Email:		
Place of Employment:	Occupation:	Business Phone:

MOTHER:	Phone:	Cell Phone:
Mailing Address:	City:	Zip:
Email:		
Place of Employment:	Occupation:	Business Phone:

What is the best number to reach your family while your child is with us?

Marital Status:	Child lives with:
Names and ages of siblings:	
Teacher: (if previously enrolled at First School)	
LIST ALL ALLERGIES AND PRECAUTIONS/TREATMENTS (if any are listed, medical checklist is also required):	
List any relevant medical conditions and/or hospitalizations:	

EMERGENCY CONTACTS (OTHER THAN PARENTS) WHO MAY PICK UP YOUR CHILDREN:		
1	NAME: ADDRESS:	RELATIONSHIP: PHONE:
2	NAME: ADDRESS:	RELATIONSHIP: PHONE:
3	NAME: ADDRESS:	RELATIONSHIP: PHONE:

Child's Doctor:	Phone Number:
Permission to use photographs or video of your child in our promotional materials: <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear about First School?	

FOR OFFICE USE ONLY Letter Sent _____ W/D B e H EX M

Plan: LWM 2.5 (MWF/TH) 3 (MWF/TH) 4 (MWF/TH/5-day/) Early 5's K ENR(MTWTHF)

Date of Admission _____ Teacher _____ LB M T W R F

PLEASE COMPLETE BOTH PAGES OF THIS FORM
Please bring the completed form to the office or mail it with your registration check to hold your child's spot.

