

ACCOTINK ACADEMY PRESCHOOL
STUDENT ENROLLMENT REGISTRATION
School Year - 2011-2012

For School Use Only

Teacher _____

Student ID Number _____

PLEASE PRINT ALL INFORMATION:

CHILD'S LAST NAME: _____ **FIRST NAME:** _____

Nickname (if any): _____ Sex: Male ___ Female ___

Date of Birth: (Month) _____ (Day) _____ (Year) _____

Home Address: _____

City: _____ Zip Code: _____

Home Phone: _____

PROGRAM:

2 Day ___ 3 Day AM ___ 5 Day AM ___ JK AM ___
3-Day PM ___ 5 Day PM ___ JK PM ___
Kindergarten _____

PARENTS OR GUARDIANS:

MOTHER'S LAST NAME: _____ **FIRST NAME:** _____

Occupation: _____ Business Phone: _____

Cell Phone: _____

MOTHER'S ADDRESS AND PHONE IF DIFFERENT FROM CHILD:

Home Phone: _____

Address: _____ City: _____ Zip Code: _____

FATHER'S LAST NAME: _____ **FIRST NAME:** _____

Occupation: _____ Business Phone: _____

Cell Phone: _____

FATHER'S ADDRESS AND PHONE IF DIFFERENT FROM CHILD:

Home Phone: _____

Address: _____ City: _____ Zip Code: _____

-OVER-

EMERGENCY CONTACTS: If parent(s)/guardian cannot be reached:

1. NAME: _____ Relationship _____ Phone: _____

2. NAME: _____ Relationship _____ Phone: _____

AUTHORIZED RELEASE: Children will be released ONLY to the persons designated below:

1. _____ 2. _____

3. _____ 4. _____

CHILD CARE PROVIDER:

NAME: _____ PHONE: _____

ADDRESS: _____

CAR POOL MEMBERS:

(1) _____

(2) _____

(3) _____

(4) _____

MEDICAL INFORMATION:

Doctor's Name: _____ Dr. Office Phone: _____

Allergies _____

If yes to either question below, please explain on the Family Information Form.

Medical Problems: Yes ___ No ___

Is medication received on a continual basis? Yes ___ No ___

E-MAIL ADDRESS

E-mail address: _____