Application for Admission and Contract

Child's Name_____ Known as_____

Sex ___ Age___ Date of Birth_____Home Phone_____

Home Address_____

City_____ State_____ Zip_____

Name of Mother_____ Occupation_____

Employer_____Business Phone _____

Business Address_____Cell # _____

Name of Father_____ Occupation_____

Employer_____Business Phone _____

Business Address_____Cell # _____

Person(s) with Legal Custody of Child (relationship)_____

Name of Child's Physician_____ Phone _____

Person to contact when parents cannot be reached_____

Home Phone_____ Work/ Cell Phone_____

Relationship to Child_____

Person(s) authorized to pick up child_____

_____

Give name of past school child attended_____

Other People in Household (indicate relationship: e.g., brother, grandmother, etc.)

Name	Relationship	Age