

Registration Form

{ Twin Rivers { Tuskawilla { Pre-school { K { 1 { 2 { 3 { 4 { 5 { 6 { 7 { 8

Circle Program: VPK Only Half Day Full Day Extended: { YES { NO

If enrolling for the first time, how did you hear about us? { Referral { Ad { Web Site { Other

Previous school attended _____ May we photograph your child? { YES { NO

Child's Name _____ Sex _____ Date of Birth _____ SS# _____
Last First

Home Address _____ Telephone # _____
No. Street City State Zip code

Parent Name _____ SS# _____ E-mail _____
Last First

Home Address _____ Telephone # _____
No. Street City State Zip code

Business Name _____ Telephone # _____ Cell Phone # _____

Parent Name _____ SS# _____ E-mail _____
Last First

Home Address _____ Telephone # _____
No. Street City State Zip code

Business Name _____ Telephone # _____ Cell Phone # _____

Name and ages of other children _____

Child's Physician _____ Address _____ Telephone # _____

Other persons to be notified in case of illness or accident:

Name _____ Address _____ Telephone # _____

Name _____ Address _____ Telephone # _____

Persons permitted to remove child: Mother ___ Yes ___ No Father ___ Yes ___ No

Other _____

Special medical problem

Signature of Parent or Guardian _____ Date _____

For office use only: _____ reg. ck amount _____ date _____ start date _____ withdraw date _____ records forwarded _____