

APPLICATION RECEIVED: ____/____/____
Office Use Only

CHILD'S START DATE: ____/____/____

PART OR FULL TIME: _____

DESIRED PART TIME DAYS: _____

CROCKETT DAY SCHOOL Registration Form

GENERAL INFORMATION

CHILD'S SSN: ____ - ____ - ____

Full Name of Child: _____ boy girl

Name Child goes by: _____ Date of Birth: ____/____/____

Child lives with: ____ Mother ____ Father ____ Both Primary Phone Number: _____

Siblings (name and age): _____

Any allergies (including food) and reactions: _____

PARENTS/CUSTODIAL INFORMATION

DAD'S Name: _____

Home Address: _____

City

State

Zip

Cell Phone: _____

Email: _____

Employment: _____

Work Address: _____

City

State

Zip

Work Phone: _____

Work Hours: _____

MOM'S Name: _____

Home Address: _____

City

State

Zip

Cell Phone: _____

Email: _____

Employment: _____

Work Address: _____

City

State

Zip

Work Phone: _____

Work Hours: _____

TRANSPORTATION PLAN:

Please list any other adults to whom your child may be released or are authorized to provide transportation for your child.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS):

1st Name: _____ Relationship: _____

Home Address: _____ Home Phone: _____

City

State

Zip

Employment/School: _____

City

State

Zip

Work Phone: _____ Alternate Phone Numbers (cell): _____

2nd Name: _____ Relationship: _____

Home Address: _____ Home Phone: _____

City

State

Zip

Employment/School: _____

City

State

Zip

Work Phone: _____ Alternate Phone Numbers (cell): _____