



Application for Enrollment

Student Information

Student's Legal Name: _____
Last First Middle (Name Child Goes By)

Soc. Sec. #: _____ DOB: _____ Gender ____ Age ____

Home Address: _____
Street City State Zip

Home Phone Number: _____ Listed o Unlisted o

Family Information

Natural Father

Full Name: _____
Mr. o Dr. o Other _____

SSN: _____

Address: _____

Home Phone; _____

E-mail Address: _____

Employer: _____

Work Phone: _____

Position/Title: _____

Parents Married o Parents Divorced o

Father Remarried o Lives with Father o

Father Deceased o

Natural Mother

Full Name: _____
Mrs. o Ms. o Dr. o Other _____

SSN: _____

Address: _____

Home Phone; _____

E-mail Address: _____

Employer: _____

Work Phone: _____

Position/Title: _____

Parents Separated o Single Parent o

Mother Remarried o Lives with Mother o

Mother Deceased o

Step Father

Full Name: _____
Mr. o Dr. o Other _____

SSN: _____

Address: _____

Home Phone; _____

E-mail Address: _____

Employer: _____

Work Phone: _____

Position/Title: _____

Step Mother

Full Name: _____
Mrs. o Ms. o Dr. o Other _____

SSN: _____

Address: _____

Home Phone; _____

E-mail Address: _____

Employer: _____

Work Phone: _____

Position/Title: _____

If natural parents are not in the same household, please give legal custody arrangements: _____

Who is responsible for financial obligations? _____

Please list the name of any person other than the legal guardian who is *legally required* to receive information or communication regarding this student:

Name: _____ Relationship: _____

Address: _____

Academic Information

Day care/school last attended: _____ Class/Grade: _____

Has student ever had discipline problems? _____ If so, please explain: _____

Has student ever been expelled or suspended from school? _____ If so, state reason: _____

How did you hear about our school? _____

State your reason for wanting to enroll your child in our school: _____

Authorization

Please list the names of those who may pick up your child and make medical decisions for them.

<i>List names in the order you would like persons to be called (including parents).</i>				Authorization
Name	Relationship	Phone # (cell, pgr.)	Pick Up	Medical

Is your child receiving medical treatment at present? _____ -- If so, what kind? _____

May we have permission to give your child acetaminophen (Tylenol) or ibuprofen (Advil) in the event of a headache or elevated temperature? Yes No

Physician's Name: _____ Phone: _____

Enrollment

I wish to enroll my child in: Day Care Preschool (all day) Preschool (mornings) Part Time

Before- / After-school Name of Public School Attending _____

School Starts at _____ a.m. Ends at (time) _____ p.m.

My signature below indicates my permission for Kids At Geist to transport my child to and/or from school.

Agreements

Our signatures below indicate that

- We have been informed of the required health and safety inspections and the inspection forms are available for review.
- When my child is ill, I understand and agree that my child may not be accepted for care. If my child becomes ill during the day, I will be called to pick him/her up.
- Tuition must be paid in advance by the 1st day of each month.
- I have read this packet in its entirety. I understand and accept the rules and policies including tuition.

Father's Signature Date

Mother's Signature Date

How did you hear about us? Phone Book _____ Advertisement? _____ Sign? _____

Friend? _____