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# ENROLLMENT INFORMATION FORM

FOR OFFICE USE ONLY	
REGISTRATION DATE _____	START DATE _____
IMMUNIZATION RECORD ATTACHED? _____	BIRTH CERTIFICATE ATTACHED? _____
TEACHER _____	ENTERING GRADE _____
REGISTRATION FEE RECEIVED? _____	

STUDENT'S FULL NAME \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS \_\_\_\_\_ HOME PHONE NUMBER \_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

STUDENT'S SOCIAL SECURITY #: \_\_\_\_\_

### PROGRAM ENROLLING FOR:

Preschool: \_\_\_\_\_ 3 Year Old \_\_\_\_\_ 4 Year Old \_\_\_\_\_ Pre-Kindergarten

Elementary School: \_\_\_\_\_ Kindergarten \_\_\_\_\_ 1<sup>st</sup> Grade \_\_\_\_\_ 2<sup>nd</sup> Grade \_\_\_\_\_ 3<sup>rd</sup> Grade  
\_\_\_\_\_ 4<sup>th</sup> Grade \_\_\_\_\_ 5<sup>th</sup> Grade \_\_\_\_\_ 6<sup>th</sup> Grade

### CHILD'S SIBLINGS:

_____	_____	_____	_____
Name	Date of birth	Name	Date of birth
_____	_____	_____	_____
Name	Date of birth	Name	Date of birth

Has your child attended Preschool? \_\_\_\_\_ Full Day \_\_\_\_\_ Half Day \_\_\_\_\_ Public \_\_\_\_\_ Private

Has your child attended Kindergarten? \_\_\_\_\_ Full Day \_\_\_\_\_ Half Day \_\_\_\_\_ Public \_\_\_\_\_ Private

Name of last Preschool/School attended? \_\_\_\_\_ Dates attended \_\_\_\_\_

Has your child been evaluated for or received any support services? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please check any area(s) in which your child is currently receiving service(s):

\_\_\_\_\_ Reading \_\_\_\_\_ Math \_\_\_\_\_ Speech \_\_\_\_\_ Resource \_\_\_\_\_ Special Ed \_\_\_\_\_ Other (note) \_\_\_\_\_

PLEASE LIST BELOW THE NAME OF THE PARENT(S) AND/OR GUARDIAN(S) WITH WHOM THE STUDENT RESIDES.

MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_

Check one: \_\_\_\_\_ Parent \_\_\_\_\_ Step parent \_\_\_\_\_ Guardian      Check one: \_\_\_\_\_ Parent \_\_\_\_\_ Step parent \_\_\_\_\_ Guardian

Father's Last Name	Father's First Name	Father's E-mail Address	Home Phone Number
Home Address	City	State	Zip Code
Work Telephone Number	Cell Phone Number	Alternate Telephone Number	
Employer	Employer Address	Occupation	Number to call during school

Mother's Last Name	Mother's First Name	Mother's E-mail Address	Home Phone Number
Home Address	City	State	Zip Code
Work Telephone Number	Cell Phone Number	Alternate Telephone Number	
Employer	Employer Address	Occupation	Number to call during school

If your child is residing with only one parent, and the other parent is living, list the name of the non-custodial parent.

\_\_\_\_\_ Name

\_\_\_\_\_ Address

\_\_\_\_\_ Best contact telephone number

Is there a no contact order in effect? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, documentation must be attached.  
Is the non-custodial parent authorized to pick up child? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list the names of two (2) people to be contacted in the event the mother or father cannot be reached. This person should be **local** and willing to pick up your child at school and assume responsibility in the case of illness or injury.

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Student's Physician \_\_\_\_\_

Student's Dentist \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone #: \_\_\_\_\_

Telephone # \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**Field Trips: Mountain Peak Private School has my permission to take my child on any field trip away from school grounds for which advance notice has been given:   Yes     No**

**INSECT REPELLENT PERMISSION**

**Name of Insect Repellent** \_\_\_\_\_

Your child's care provider will assist with applying insect repellent before outdoor activities. Insect repellent will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

**Special Instructions**

In the event that my child's insect repellent is not readily available; my child may use the insect repellent provided by the school   Off! Skintastic Family Unscented  .

I do not want my child to use any other insect repellent other than the one he/she brings.

**SUNSCREEN PERMISSION**

**Name of Sunscreen and the SPF Number** \_\_\_\_\_

Your child's care provider will assist with applying sunscreen to bare surfaces including the face, tops of ears and bare shoulders, arms, legs and feet 15-30 minutes before outdoor activities. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian. It is the parent's responsibility to provide sunscreen with a minimum SPF of 15.

**Special Instructions**

In the event that my child's sunscreen is not readily available, my child may use the sunscreen provided by the school   Kids Sunscreen SPF 30 or above  .

I do not want my child to use any other sunscreen than the one he or she brings.

**I understand that my signature on this agreement verifies that I will abide by the policies and procedures of the school and its administration as stated in the Mountain Peak Private School Handbook. My signature also verifies that I have shared all available educational information (I.E.P.'s, diagnostic testing, etc.) on my child in an effort to ensure success. Failure to do so may result in having to withdraw my child.**

**I understand the terms and conditions of this agreement regarding payment of the non-refundable registration fee, tuition and other fees.**

**My signature below also grants permission for Mountain Peak Private School to use photographs and/or videos of my child in displays, advertisements and promotions for the school. I understand that no monetary or other compensation will be received in exchange for this.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date