



## 2012-2013 **INFANT** REGISTRATION FORM

### **OFFICE USE ONLY**

**\$75 NON-REFUNDABLE Registration Fee**

Date Received: \_\_\_\_\_

Registration Fee Received:  Yes  No

Amount Received: \_\_\_\_\_ Check #: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Days Chosen: (circle) MON TUE WED THUR FRI

Class/Teacher: \_\_\_\_\_

MALE OR FEMALE (circle)

Child's Name: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Mother's Cell Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone Number of Physician: \_\_\_\_\_

Any known allergies? \_\_\_\_\_

Has your child ever had a fever-induced seizure? If so, please explain. \_\_\_\_\_

Relative or close friend in case of emergency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list any information or special instructions that you feel would be helpful to us regarding your child:

**A \$75 NON-REFUNDABLE registration fee must accompany this form to secure a spot for your child.  
An updated immunization form must be presented by the first day of school.**