

# STUDENT INFORMATION FORM

Please print clearly

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Work Phone (Mom) \_\_\_\_\_

Work Phone (Dad) \_\_\_\_\_

Physician Name \_\_\_\_\_ Physician # \_\_\_\_\_

Birthdate \_\_\_\_\_

Allergies \_\_\_\_\_

Email address \_\_\_\_\_

---

## For Office Use Only - highlight student placement

<b>2 1/2 yr old</b>							
	MWF	Tues-Thurs	3 hour	3 hr w/ lunch	5 hr	Ext Day	Enrichment
<b>3 yr old</b>							
	MWF	Tues-Thurs	3 hour	3 hr w/ lunch	5 hr	Ext Day	Enrichment
<b>Pre-K</b>							
	MWF	Tues-Thurs	3 hour	3 hr w/ lunch	5 hr	Ext Day	Enrichment
<b>Gift</b>							
	MWF	Tues-Thurs	3 hour	3 hr w/ lunch		Ext Day	Enrichment