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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 _____

CITY/ZIP _____

DATE OF BIRTH: _____ Male _____ Female _____

STUDENT'S SOCIAL SECURITY #: _____

PROGRAM ENROLLING FOR:

Preschool: _____ 3-4 Yr Old(Tu/Th) _____ 3-4 Yr Old(M/W/F) _____ 3-4 Yr Old(M-F)
_____ Pre-Kindergarten

Elementary School: _____ Kindergarten _____ 1st Grade _____ 2nd Grade _____ 3rd Grade
_____ 4th Grade _____ 5th Grade _____ 6th 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 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