



# 2024-2025 Re-Enrollment

## Child's Information

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_

## Parent Information

Parent 1 Name \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Email 1 \_\_\_\_\_ Email 2 \_\_\_\_\_

## Medical Information

Last Physical \_\_\_\_\_ Allergies \_\_\_\_\_

Expected Symptoms \_\_\_\_\_

Methods of Treatment \_\_\_\_\_

## Additional Authorized Pick Ups (not currently in system)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_ I have read the Parent Handbook that is posted online and agree to follow.

\_\_\_\_ My child can participate in any religious and cultural events.

\_\_\_\_ My child my participate in special occasions where food is served.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All applications must be accompanied by the applicable registration fees that are non-refundable.**