

PROVIDENCE ACADEMY PREKINDERGARTEN and EXTENDED DAY CENTER
STUDENT INFORMATION FORM

Start Date: _____

Prek Session (circle one): *8:30 – 11:30 a.m. MTWThF *8:30a.m. -3:05 p.m. MTWThF

Extended Day Session if Applicable (circle days attending): *3:05 p.m. – 6:00 p.m. M T W Th F

Child's Name: _____ Sex _____
Last First Middle

Nickname (if preferred from above first name): _____ Date of Birth: _____

Address: _____
Street City State Zip Apt. #

Mother's Name: _____

Mother's Address (if different from above):

_____ Apt. # _____
Street City State Zip

Mother's Telephone: Home _____ Work: _____ Cell: _____

Father's Name: _____

Father's Address (if different from above):

_____ Apt # _____
Street City State Zip

Father's Telephone: Home _____ Work: _____ Cell: _____

Please list any special instructions as to how you may be reached when your child is at school.

Child's Physician: _____ Phone: _____

Address: _____

Child's Dentist: _____ Phone: _____

Address: _____

If parent/guardian cannot be reached in case of an emergency please notify: (You MUST list at least 2.)

1. _____
Name Address Phone

2. _____
Name Address Phone

3. _____
Name Address Phone

