PROVIDENCE ACADEMY PREKINDERGARTEN and EXTENDED DAY CENTER STUDENT INFORMATION FORM

Start Date:				
Prek Session (circle one): *8:30 – 11	:30 a.m. MTWThF *8:3	0a.m3:05 p.m MTWT	<u> ThF</u>	
Extended Day Session if Applicable	(circle days attending): *3	:05 p.m. – 6:00 p.m. M	I T W	Th F
Child's Name:				Sex
Last	First	Middle		
Nickname (if preferred from above fi	rst name):	Date	of Birth:	
Address:				
Street	City	State	Zip	Apt. #
Mother's Name:				
Mother's Address (if different from a	bove):			
	O''	G		Apt. #
Street	City	State	Zip	
Mother's Telephone: Home	Work:	Ce	ell:	
Father's Name:				
Father's Address (if different from a	oove):			
				A 4 - 44
Street	City	State	Zip	Apt #
Father's Telephone: Home	Work:	Cel	1:	
Please list any special instructions as	to how you may be reached	d when your child is at so	chool.	
Child's Physician:	_Phone:			
Address:				
Child's Dentist:		Phor	ne:	
Address:				
If parent/guardian cannot be reached	in case of an emergency plo	ease notify: (You <u>MUS</u>	<u>T</u> list at leas	t 2.)
1				
Name	Address		Phone	e
2Name	Address		Phone	<u> </u>
	radios		1 110110	•
3Name	Address		Phone	

Persons <u>authorized</u> to take child from school:		
1Name	Address	Phone
2.		
Name	Address	Phone
3		
Name	Address	Phone
Persons NOT authorized to take child from school	ol:	
1		
2		
3		
Has your child had previous group experience? _	If so, where?	
What expectations do you have for your child from	om prekindergarten?	
As legal guardian for my child,	TEN and EXTENDED DAY to take	te any and all action, including use of medical
	Signature of Parent of	of Guardian
I do hereby consent to and authorize PROVIDEN child on supervised neighborhood walks.	NCE ACADEMY PREKINDERGA	RTEN and EXTENDED DAY to take my
	Signature of Parent	t or Guardian
PROVIDENCE ACADEMY PREKINDERGAR forth in this secondary registration contract.	TEN, EXTENDED DAY and the p	parents agree to abide by the conditions set
Signature of Parent or Guardian	Prekinde	rgarten Director's Signature
Date		Date

Rev: 1-27-12