

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

