



**Child's Legal Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Age \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

**I would like to enroll my child in the \_\_\_\_\_ class.**

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Living with child? YES NO

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Living with child? YES NO

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone # \_\_\_\_\_

Siblings (names/ages): \_\_\_\_\_

School Previously Attended: \_\_\_\_\_

List Any Helpful Information: \_\_\_\_\_

Food Allergy: \_\_\_\_\_ Other Allergy: \_\_\_\_\_

List two people authorized to pick your child up from school:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Parental Concerns or Notes to Teacher: \_\_\_\_\_

Add to NDCS School Directory? YES \_\_\_\_\_ NO \_\_\_\_\_

**(OVER ---->)**