

Infant/Toddler ONLY

Check one & circle days your child will attend:

- 2 days M Tu W Th Fr
- 3 days M Tu W Th Fr
- 4 days M Tu W Th Fr
- 5 days M Tu W Th Fr

Select hours per day:

- START TIME _____
 END TIME _____
- up to 5 hrs per day
 - up to 8 hrs per day
 - up to 12 hrs per day



SCHOOL YEAR 2016-2017 REGISTRATION FORM

*Please include \$100.00 **Registration Fee** or
\$ 50.00 **Re-Registration Fee**

(Fees are NON-REFUNDABLE)

Juniors & Pre-K 3 ONLY

Check one & circle days your child will attend:

- 2 days M Tu W Th Fr
- 3 days M Tu W Th Fr
- 4 days M Tu W Th Fr
- 5 days M Tu W Th Fr

Pre-K 4 ONLY

Check one & circle days your child will attend:

- 3 days M Tu W Th Fr
- 4 days M Tu W Th Fr
- 5 days M Tu W Th Fr

Year-to-Grow/Kindergarten

- 5 days M Tu W Th Fr

Email Address _____
(Alternate school correspondence and billing purposes)

Child's Name _____ Male _____ Female _____

Date of Birth ____/____/____ Age _____ Home Phone (____) _____

Mailing Address _____

Home Address _____

CONTACT INFORMATION:

Father's Name _____ Home Phone (____) _____ Cell Phone (____) _____

Address (if different from above) _____

Dad's Business _____ Work Phone (____) _____

Mother's Name _____ Home Phone (____) _____ Cell Phone (____) _____

Address (if different from above) _____

Mom's Business _____ Work Phone (____) _____

***IF parent(s) CANNOT be reached in an emergency (child must be picked up within 1 hour), please contact:**

Name: _____ Phone: (____) _____ Cell: (____) _____

Relationship to Child: _____

Name: _____ Phone: (____) _____ Cell: (____) _____

Relationship to Child: _____

PRELIMINARY MEDICAL INFORMATION:

Pediatrician/Family Doctor _____ Phone (____) _____

Hospital Preference _____

Present Medical Problems & Chronic Conditions: _____

Allergies: _____

Medication taken regularly: _____

EMERGENCY TREATMENT PERMISSION: In the event of an emergency, it is required for us to have your consent for your child to receive any medical treatment. In the event that a medical emergency occurs, I authorize THE AUXILIUM SCHOOL/CAMP AUXILIUM to seek emergency medical care for my child as deemed necessary by the Director.

SIGNATURE _____

DATE ____/____/____

ALL Infant/Toddler Program registrations MUST indicate the hours being requested: _____AM/PM to _____AM/PM

Please tell us a little about your child's home life:

Marital Status: Married _____ Separated _____ Divorced _____ Single _____ Widow(er) _____

Brothers/Sisters?

Name: _____ Age: _____ M/F: _____

Name: _____ Age: _____ M/F: _____

Name: _____ Age: _____ M/F: _____

Name: _____ Age: _____ M/F: _____

Child's Religion: _____ **Church Affiliation:** _____ **Baptized?:** Yes ___ No ___

Your Public School District: _____

CUSTODIAL INFORMATION

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of appropriate documents. (Court Order)

Should notices be sent to the non-custodial parent? _____ Yes _____ No

SIGNATURE _____ DATE _____/_____/_____

OVERALL PERMISSION SLIP

I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN WALKING TRIPS WITHIN THE AREA OF THE AUXILIUM SCHOOL/ CAMP AUXILIUM. I UNDERSTAND THAT THESE TRIPS WILL BE CONDUCTED IN A SAFE AND ORDERLY MANNER AND WILL INVOLVE NO SAFETY HAZARDS.

SIGNATURE _____ DATE _____/_____/_____

I understand and agree to comply with all payments, fees, terms and policies of The Auxilium School for the 2015 – 2016 School Year.

Parent/Guardian Signature Date _____/_____/_____

For Office Use Only

Date Registered _____/_____/_____ **Birth Certificate Received?** Yes No

Payment Received \$ _____ Cash / Credit / Check # _____

Health Forms Received? Yes No **Flu Shot Current?** Yes No

Class Assignments: _____