

Child Development Center on Herlong

REGISTRATION FORM

(Please Print)

Today's date:		School Year:	
___ New Enrollment ___ Re-enrollment		Grade to Enter:	
STUDENT INFORMATION			
Student's last name:	First:	Middle:	
Street address:			Home phone no.: ()
P.O. box:	City:	State:	ZIP Code:
Age:	Birth date:	Physical Defects:	
School Attended Last Year:		Address of Last School:	
Circle Grades Previously Attended at this School: NURSERY K2 K3 K4 K5			

PARENT INFORMATION		
Father's Name:	Employer:	Phone:
Mother's Name:	Employer:	Phone:
If parent's are separated or divorced, with whom does the child live?		
Reason For Selecting This School:		
School Recommended By:		



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IN CASE OF EMERGENCY			
Responsible Adult to Contact If Parents Can't Be Reached			
Name:	Relationship to student:	Home phone no.: ()	Work phone no.: ()
CHILD'S PHYSICIAN			
Name:	Phone:		
Statement of Co-Operation			
In making application for my child it is my desire to have him/her attend CDC. It is also my understanding that the policy of the Center to make no refunds on registration fees. I also give permission for my child to take part in all school activities and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity.			
_____		_____	
<i>Patient signature</i>		<i>Date</i>	
_____		_____	

