



K+ and Imagine That!

ENROLLMENT/EMERGENCY FORM

\$100.00 non-refundable Family Registration Fee and for first time students and a copy of a Birth Certificate must accompany application

Students must be enrolled in a half-day Kindergarten program at another school

Family Name	Child's Name	Age	Birth Date	Baptismal Date	Program

Address
City, Zip Code
Home Phone ()
E-Mail (used to send weekly newsletter)

Father's Name	Mother's Name
Occupation	Occupation
Place of Employment	Place of Employment
Work Phone ()	Work Phone ()
Cell Phone ()	Cell Phone ()
Pager ()	Pager ()

➔ EMERGENCY CONTACTS: (list someone other than parents and someone who lives in the area who could be called on to handle an immediate situation. Please NO out-of-state names! ALL contacts must be completed)

Name	Name
Phone ()	Phone ()
Relationship	Relationship

Name	Doctor's Name
Phone ()	Phone ()
Relationship	Address

Do we have permission to publish the following information in the school directory distributed to all families attending our school?

ADDRESS Yes No
 TELEPHONE Yes No

NOTE: If there is no indication above, your address and telephone number will not be published in our directory.

FOR OFFICE USE ONLY:
 Check # _____
 Amount Received
 \$ _____
 Date _____

(OVER)

CHURCH MEMBERSHIP:

- Zion, Hinsdale
- None Currently
- Other _____

Are there any special health concerns (i.e. allergies, medications, etc.) of which we need to be aware for any child enrolled? If so, explain _____

If your child(ren) previously attended another school, complete the following:

Child's Name	School	Year(s) Attended
Child's Name	School	Year(s) Attended
Child's Name	School	Year(s) Attended

Has any child mentioned above been in a special education program or been recommended for testing in the public school? If so, explain _____

How did you hear about this program? _____

Which other half-day Kindergarten program is your child attending? _____

I certify that the information given is to the best of my knowledge complete and accurate.

Signature

Date