



2021-2022 Re-Enrollment

Child's Information

Child's Name _____ Birthday _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ M _____ T _____ W _____ TH _____ F _____

Parent Information

Parent 1 Name _____ Phone _____

Employer _____ Work Phone _____

Parent 2 Name _____ Phone _____

Employer _____ Work Phone _____

Email 1 _____ Email 2 _____

Medical Information

Last Physical _____ Allergies _____

Expected Symptoms _____

Methods of Treatment _____

All Authorized Pick Ups

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parents Signature: _____ Date: _____

All applications must be accompanied by the applicable registration fees that are non-refundable.