



Annual Re-enrollment Form

Parents must **complete a re-enrollment form for each child** who will remain enrolled in our program for the following school year. The \$200 annual enrollment fee is billed to all accounts in the week of July 4th.

Child Full Name _____ DOB _____
Home Address _____

Mother Full Name: _____
Emergency contact priority: (*First, Second, or N/A*) _____
Email address: _____
Home/cell phone: (____) _____ - _____ Work phone: (____) _____ - _____
Employer: _____ Location: _____

Father Full Name: _____
Emergency contact priority: (*First, Second, or N/A*) _____
Email address: _____
Home/cell phone: (____) _____ - _____ Work phone: (____) _____ - _____
Employer: _____ Location: _____

Other Emergency contact: Full Name _____
Relationship to child _____ Best phone: (____) _____ - _____
Address: _____

Authorized Up Pick Persons: (other than emergency contacts above, use additional sheet if necessary)

1. Name _____ Relationship to child _____
Phone (____) _____ - _____ Address _____
2. Name _____ Relationship to child _____
Phone (____) _____ - _____ Address _____

Health Concerns:

Doctor Diagnosed Allergies (**must attach FARE form dated this year**)

Doctor Diagnosed Food Sensitivities (**must attach a doctor's letter dated this year**)

Prescribed Emergency/Rescue Medications to remain at school at all times (**not on FARE form above**)

Parent Signature _____ **Date** _____