



Annual Re-enrollment Form

All families wishing to remain enrolled for the following school year must complete a re-enrollment form. The re-enrollment fee of \$150 is billed to all accounts the week of July 4th.

Child's Name _____ DOB _____

Child's Name _____ DOB _____

Child's Name _____ DOB _____

Family Contact Information:

Mother:

Full Name: _____

Home/cell phone: (____) _____ - _____ Work phone: (____) _____ - _____

Email address: _____

Employer: _____ Address: _____

Father:

Full Name: _____

Home/cell phone: (____) _____ - _____ Work phone: (____) _____ - _____

Email address: _____

Employer: _____ Address: _____

Emergency contact: (check one for each contact: 1st, 2nd, and 3rd)

1st Contact: ___ Mother ___ Father ___ Other (complete line below)

Name _____ Relationship _____ Phone _____

2nd Contact: ___ Mother ___ Father ___ Other (complete line below)

Name _____ Relationship _____ Phone _____

3rd Contact: ___ Mother ___ Father ___ Other (complete line below)

Name _____ Relationship _____ Phone _____

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

1. Name _____ Relationship _____

2. Name _____ Relationship _____

3. Name _____ Relationship _____

4. Name _____ Relationship _____

Health Concerns:

Doctor Diagnosed Allergies (must attach current FARE form) _____

Doctor Diagnosed Food Sensitivities (must attach current letter from Dr) _____

Parent Signature _____ Date _____