



## 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 \$100 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: 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup>)

1<sup>st</sup> Contact: \_\_\_ Mother \_\_\_ Father \_\_\_ Other (below)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2<sup>nd</sup> Contact: \_\_\_ Mother \_\_\_ Father \_\_\_ Other (below)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

3<sup>rd</sup> Contact: \_\_\_ Mother \_\_\_ Father \_\_\_ Other (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 \_\_\_\_\_