

REACH CYA PRE-K ENROLLMENT FORM

Today's Date: _____ Home Elementary School _____

Child's Name _____ **Age as of 9/08** Yr. ____ Mos. ____ **Birthdate** _____ **Gender** _____ **Ethnicity** _____

I would like to enroll for:

- Morning Session 2 days 3 days 5 days
 Afternoon Session 2 days 3 days 5 days

Parents/Guardians:

Name _____ Name _____

Relationship to child _____ Relationship to child _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Email: _____ Email: _____

Business Name _____ Business Name _____

Business Phone _____ Business Phone _____

Married _____ Divorced _____ Separated _____ Single _____

Who has legal custody of the child? _____

Parent Restrictions: _____

****Where restriction is requested you must provide documentation showing legal rights.**

DEPARTURE PROCEDURES / EMERGENCY CONTACTS:

Children must be signed out as instructed. List the persons authorized to call in case of an emergency or to pick up your children, other than yourself.

1. Name: _____ Relationship: _____

Home Phone: _____ Alternate Phone: _____

2. Name: _____ Relationship: _____

Home Phone: _____ Alternate Phone: _____

Pick-up password _____

This password is used to verify your identity over the telephone and will be requested in the event that someone other than those people listed above will be picking your child up from school. This information is to be used between our office staff and yourself. Your child does not need to know this information.