

Child's Name: _____ Starting Date: _____



_____ M-F 8:30-11:30 OR _____ M-F 12:15-3:00
_____ M-F 8:00- 3:00

4 yr. Class Fall of 2018 _____ Age By Sept. 15, 2018 _____ Date of Birth _____

Name: _____

Last First Middle Name Known By Sex

Student's S.S. #

Father's S.S. #

Mother's S.S. #

Parents: _____

Father's Name

Father's Place of Employment

Mother's Name

Mother's Place of Employment

Address: _____

Street Address City/State Zip Mailing Address City/State Zip

Phone: _____

Home Cellular Pager Voice Mail

Father's Work Mother's Work Emergency Only

E-Mail Address Fax Number

Parent's Marital Status: ___ Married ___ Divorced ___ Separated ___ Single Parent

If divorced or separated please explain and provide legal papers on custody.

Dated Received in File _____ Legal papers pertaining to custody.

_____ Immunization Record _____ Enrollment Form _____ Family Contract

Emergency/Medical Information

Persons authorized to pick up your child at the Elementary School: Please include parent or parents name on the below list due to so many single parent issues.

Name-Relationship-Phone – Where They May Be Reached

1st _____ 2nd _____

3rd _____ 4th _____

Physical/Phone Number

Dentist/Phone Number

Eye Dr./Phone Number

Our family religious affiliation is _____. Currently our family is attending _____ Church in the Casper Area.

