

## ADMISSION FORM

Child's Full Name.....Birthdate.....

Home Address.....Phone.....

School last Attended.....Address.....

**AFTERSCHOOL CARE:**

Name of school.....Grade.....Collection Time.....

**FAMILY:**

Father's Name.....Religious Affiliation.....

Employer.....Business Phone.....  
Cell No.....

Mother's Name.....Religious Affiliation.....

Employer.....Business Phone.....  
Cell No.....

Divorced?.....If so, with which parent does child live.....

**HEALTH INFORMATION:**

Physician's Name.....Phone.....

Any Allergies or other Conditions.....

**CONTAGIOUS DISEASES CONTRACTED BY YOUR CHILD**

DISEASES	Measles	German Measles	Mumps	Whooping Cough	Chicken Pox	Scarlet Fever	Diphtheria	TB	Polio
YES/NO									
APPROX DATE									
IMMUNISED									

.....  
DATE

.....  
Signature of Parent or Legal Guardian

**FOR OFFICE USE ONLY**

Interview date..... Signature.....

Class placement..... Allergies notes and placed in Dining Room.....