PHOENIX SCHOOL

Enrollment Form

Start Date: _____

Withdrawal Date: _____

Child's Name _____ _____ _____
Last *First* *Middle*

Date of Birth (MM/DD/YY): _____ Age: _____ Gender: Male ☐ Female ☐

Child's Home Address: _____

_____

Home Phone: _____

Parent/Guardian information:

Parent 1: _____

Preferred Email: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Home Address, if different from Child: _____

_____

Parent 2: _____

Preferred Email: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Home Address, if different from Child: _____

_____

Child's living arrangement, check one: ☑ Both parents ☐Parent 1 ☐Parent 2 ☐Other: _____

Child's Legal Guardian: ☑ Both parents ☐Parent 1 ☐Parent 2 ☐Other: _____

Persons to contact in case of emergency when parent or guardian cannot be reached:

Name:	Phone #:	Relationship:

This Child may be released to the person(s) signing this agreement or to the following:

Name: _____

Preferred Email: _____ Cell Phone: _____

Relationship to Child: _____ Work Phone: _____

Home Address: _____

_____

Name: _____

Preferred Email: _____ Cell Phone: _____

Relationship to Child: _____ Work Phone: _____

Home Address: _____

_____

Child's Doctor or Clinic Name: _____

Phone #: _____

My Child has the following special needs: _____

_____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the Center:

_____

_____

My child is currently on medication(s) prescribed for long term continuous use and/or has the following pre-existing illness, allergies or health concerns: _____

_____

_____

May we include your name, address, phone and email address in the Phoenix Directory? Yes ☑ No ☐

Would you like to be on the Phoenix email list for school-related news and information? Yes ☑ No ☐

EMERGENCY MEDICAL AUTHORIZATION

Should (Child's name) _____ Date of birth: _____

Suffer an injury or illness while in the care of The Phoenix School and the Staff is unable to contact parent(s)/guardian(s) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment of services.

Parent/Guardian: _____ Date: _____