

**THE BEGINNING SCHOOL
KINDERGARTEN ENROLLMENT INFORMATION**

STUDENT'S LEGAL NAME: _____
(LAST) (FIRST) (MIDDLE)

HOME TELEPHONE #: _____ CELL PHONE #: _____

STUDENT'S DOB: _____ AGE AS OF SEPTEMBER 1ST: _____ MALE ___ FEMALE ___

STUDENT'S PLACE OF BIRTH: _____ MOTHER'S MAIDEN NAME: _____

NAME AND ADDRESS OF LAST SCHOOL ATTENDED: _____

DATE ATTENDED: _____

HAS STUDENT BEEN IN ANY SPECIAL PROGRAMS? YES ___ NO ___ IF SO, WHAT TYPE? _____
SPECIAL EDUCATION CATEGORY & SERVICE TYPE: _____

LANGUAGE MOST FREQUENTLY SPOKEN AT HOME: _____

NAME OF PERSON(S) WITH WHOM CHILD RESIDES: _____ EMPLOYER _____ WORK TELEPHONE # _____

FATHER: _____

MOTHER: _____

STEP PARENT: _____

GUARDIAN: _____

ADDRESS: _____

TELEPHONE#: _____ ALTERNATE NUMBER: _____

SHOULD THE SCHOOL BE AWARE OF ANY LEGALLY RESTRICTED CUSTODY DECISION? YES ___ NO ___
IF YES, EXPLAIN: _____
(PLEASE SUPPLY LEGAL SUPPORTING DOCUMENTATION ON RESTRICTED CUSTODY)

PLEASE LIST ALL OTHER CHILDREN LIVING IN THIS HOME:

NAME	AGE	SCHOOL ATTENDING
_____	_____	_____
_____	_____	_____
_____	_____	_____

INDICATE HOURS THAT YOUR CHILD WILL ATTEND SCHOOL:
AM (7:30-9:00) _____ (9:00-2:00) _____ PM (2:00-5:30) _____ EXTENDED HRS. (AM & PM) _____

MAY WE LIST YOU AND YOUR FAMILY IN A SCHOOL DIRECTORY? YES ___ NO ___

Emergency contacts if parent cannot be reached:
Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

Doctor's name and telephone number _____

Does your child have any allergies, diabetes, asthma, physical handicaps ___ If so, explain _____

IN A MEDICAL EMERGENCY where the undersigned cannot be reached by phone, permission is granted to call the above doctor, to follow his instructions, to give first aid, or to call any needed emergency medical service.

ATTACH THE \$115.00 REGISTRATION FEE TO REGISTRATION FORM
I understand that this fee is not refundable.

Make check out to 'The Beginning School' and return this form to the school office or mail to:
The Beginning School
4440 N. Campbell Ave.
Tucson, AZ 85718

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Office use only: Registration paid _____ Ck # _____