

**THE BEGINNING SCHOOL
PRESCHOOL
REGISTRATION FORM**

CHILD'S NAME _____

DATE OF BIRTH _____ AGE _____ SEX _____ NICKNAME _____

ADDRESS _____ ZIP _____ PHONE _____

PREVIOUS SCHOOL ATTENDED _____ CELL PHONE _____

FATHER'S NAME _____ WORK PHONE _____

MOTHER'S NAME _____ WORK PHONE _____

SIBLING'S NAMES & SCHOOLS _____

ANY CHANGES MADE TO CHOICE OF DAYS ARE SUBJECT TO ADDITIONAL FEES.

<p>CIRCLE YOUR CHOICE OF DAYS : FIRST CHOICE M T W TH F SECOND CHOICE M T W TH F</p> <p>INDICATE HOURS THAT YOUR CHILD WILL ATTEND SCHOOL: AM (7:30 - 9:00) _____ (9:00-1:00) _____ PM (1:00-5:30) _____ Full Time _____ EXTENDED HRS. (AM & PM) _____</p>

MAY WE LIST YOU AND YOUR FAMILY IN A SCHOOL DIRECTORY? Yes _____ No _____

If parent cannot be reached in case of an emergency, call

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.

I understand that this fee is not refundable.

PARENT SIGNATURE _____ DATE _____

ATTACH THE \$115.00 REGISTRATION FEE TO REGISTRATION FORM

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

Office use only: Registration paid _____, Deposit _____, Supply _____, Music _____