

**RED APPLE SCHOOL - ENROLLMENT FORM
(2018 - 2019)**

CHILD'S NAME: _____ **SEX:** ___ F ___ M
Last First Middle

NAME CHILD GOES BY: _____ **BIRTH DATE:** _____

CHILD'S ADDRESS: _____
Street City Zip

HOME PHONE: _____ **E-MAIL ADDRESS:** _____
(Used strictly for parent/teacher communication)

FATHER: _____ **Phone:** _____
Last First Middle

FATHER'S ADDRESS (if different from child's): _____

Employer: _____ **Phone:** _____ **Cell:** _____

MOTHER: _____ **Phone:** _____
Last First Middle

MOTHER'S ADDRESS (if different from child's): _____

Employer: _____ **Phone** _____ **Cell** _____

PARENT'S MARITAL STATUS: ___ Married ___ Separated ___ Divorced ___ Single parent ___ Widowed

If divorced, please give name and address of non-custodial parent:

Name: _____ **Phone:** _____

Address: _____

State whether this person has permission to claim child at school: Yes ___ No ___
(If you checked "No", court documents will need to be on file stating such)

RELIGIOUS PREFERENCE: _____ **Membership:** _____ **N/A** ___

ETHNIC ORIGIN: ___ American Indian ___ Asian ___ Black ___ Hispanic ___ White ___ Other

NAMES AND AGES OF BROTHERS AND SISTERS: _____

HOW DID YOU LEARN ABOUT RED APPLE? _____ **Red Apple Website** _____ **Facebook** _____
 ___ **Friend** ___ **Signage** _____ **Other (Please state source)** _____

<p>CLASS DESIRED:</p> <p>2's _____ T/Th _____ T/W/Th _____ M-F</p> <p>3's _____ T/Th _____ T/W/Th _____ M-F</p> <p>4's _____ T/W/Th _____ M/T/W/Th _____ M-F</p> <p>Transitional Kindergarten _____ M/T/W/Th</p> <p>ENRICHMENT FRIDAY: _____</p> <p>Kindergarten _____ M/T/W/Th/F</p>	<p>EXTENDED DAY:</p> <p>_____ M am _____ T am _____ W am _____ Th am _____ F am</p> <p>_____ M pm _____ T pm _____ W pm _____ Th pm _____ F pm</p>
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CHILD'S NAME: _____ BIRTH DATE: _____
Last First Middle

I hereby declare that the above information is correct and complete. I also agree to abide by the rules, policies, standards and procedures of Red Apple School including payment of all tuition and fees as owed.

GUARDIAN'S SIGNATURE: _____ Date _____ D.L.# _____

PERMISSION AND CONSENTS

I hereby give consent for my child to participate in **water activities** _____ YES _____ NO
such as splashing/wading pools, water table play, etc.

I understand that a **snack** will be served.

Parent Signature: _____ Date: _____

SCHOOL DIRECTORY CONSENT

I hereby consent to have my child's and/or my contact _____ YES _____ NO
and e-mail information published in the school directory.

Parent Signature: _____ Date: _____

PHOTO RELEASE FORM

Sign only **ONE** of the following:

I, _____, parent/guardian of _____, give permission for
photos of my child to be used in local media publications about Red Apple School.

Signature

Date

I **do not** wish to have photos of my child, _____, used in any publications.

Signature

Date _____

RED APPLE SCHOOL
Phone: 817-284-7833 Fax: 817-284-3950

CONSENT
and
EMERGENCY MEDICAL INFORMATION

CHILD'S NAME: _____ **HOME PHONE:** _____

Parents can be reached at these phone numbers while child is in school:

Father's Phone: _____ **Mother's Phone:** _____

In addition to parents, the following may be called in an emergency and are authorized to transport the child from school:

Name _____ Relationship to Child: _____
Address _____ Phone _____

Name _____ Relationship to Child: _____
Address _____ Phone _____

Name _____ Relationship to Child: _____
Address _____ Phone _____

Name _____ Relationship to Child: _____
Address _____ Phone _____

Name _____ Relationship to Child: _____
Address _____ Phone _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In the event that the child named above required medical care and parents cannot be reached, I hereby authorize RED APPLE SCHOOL to secure such emergency care as may be required:

Name of Hospital: _____

Child's Physician's Name: Dr. _____
FIRST NAME LAST NAME

Address: _____ Phone Number(s): _____

THE HIGHLIGHTED SECTION ABOVE MUST BE COMPLETELY FILLED OUT IN ACCORDANCE WITH STATE LICENSING REGULATIONS.

PARENT SIGNATURE: _____

PRINTED NAME: _____

(TURN OVER AND COMPLETE ALLERGY FORM ON BACK)

RED APPLE SCHOOL

Allergy and Medical Information Form

Child's Name: _____ Class: _____

Sex: F M Birth date: _____

List any chronic illness/condition*: _____

List any *FOOD* allergies: _____

List any *DRUG* allergies: _____

List any conditions for which your child may require special treatment:

*Seasonal allergies do not apply.

Parent's Signature

Date: _____