

Class Requesting_____

Date of Enrollment_____

1st Choice_____

Check #_____

2nd Choice_____

Reg Amt_____Tuit Amt_____

**BROOKHAVEN COUNTRY DAY SCHOOL
Registration Information Sheet**

Child's Name_____

(First, Middle, Last)

Name to be called in class_____

Address_____

City_____ State_____ Zip_____

Age_____ Date of Birth_____ (Mo/Day/Yr) Male_____ Female_____

Mother's Name_____ Home Phone_____

Place of Employment_____ Work #_____

Occupation_____ Cell #_____

Father's Name_____ Home Phone_____

Place of Employment_____ Work #_____

Occupation_____ Cell #_____

Emergency Contacts: (People who may pick your child up when you cannot be reached, or pick your child up from school when needed)

Name_____ Relationship_____

Home Phone_____ Cell #_____

Name_____ Relationship_____

Home Phone_____ Cell #_____

Medical Information:

Child's Physician _____ Phone # _____

Child's Dentist _____ Phone # _____

Hospital Preference _____

Insurance Carrier _____ Policy # _____

Is your child allergic to any medications? _____

If so, please list: _____

Is your child on any prescribed medications? _____

If so, please list: _____

Is your child allergic to any foods? _____

If so, please list: _____

Do you object to your child receiving peanut butter? _____

Does your child have any medical concerns? _____

If so, please list:

Personal Profile:

Brief description of your child's personality:

List any other additional comments that would help us meet the needs of your child (example: separation anxiety, aggression problems, etc.):

Parent's Signature _____