

Student Information
(for initial application and for updating info)

Child or Children

| | | | | |
|-----------|------------|----------------------|--------|----------|
| _____ | _____ | _____ | _____ | _____ |
| Last Name | First Name | Preferred First Name | Gender | Birthday |

| | | | | |
|-----------|------------|----------------------|--------|----------|
| _____ | _____ | _____ | _____ | _____ |
| Last Name | First Name | Preferred First Name | Gender | Birthday |

| | | | | |
|-----------|------------|----------------------|--------|----------|
| _____ | _____ | _____ | _____ | _____ |
| Last Name | First Name | Preferred First Name | Gender | Birthday |

Toddlers – 1 & 2 Years Old Please circle your child’s schedule.

| | | |
|-----------------------|----------------------|----------------------|
| Mondays 8 to 12:15 | Mondays 1 to 4:30 | Mondays 8 to 4:30 |
| Tuesdays 8 to 12:15 | Tuesdays 1 to 4:30 | Tuesdays 8 to 4:30 |
| Wednesdays 8 to 12:15 | Wednesdays 1 to 4:30 | Wednesdays 8 to 4:30 |
| Thursdays 8 to 12:15 | Thursdays 1 to 4:30 | Thursdays 8 to 4:30 |
| Fridays 8 to 12:15 | Fridays 1 to 4:30 | Fridays 8 to 4:30 |

Preschool and Young Fives Please circle your child’s schedule.

| | | |
|-------------------|------------------|------------------|
| MWF 8 to 12:15 | MWF 1 to 4:30 | MWF 8 to 4:30 |
| T Th 8 to 12:15 | T Th 1 to 4:30 | T Th 8 to 4:30 |
| MTWThF 8 to 12:15 | MTWThF 1 to 4:30 | MTWThF 8 to 4:30 |

Dates

School year: write your preferred start date here: _____

Summer: list your requested dates & times here: _____

Mother

Full name _____

Home address w/ zip _____

Home phone _____ Cell phone _____

Employer/Company name _____

What kind of business is this? _____

What is your job there? _____ Are you self-employed? _____

Work phone _____ Work hours /days _____

Work address w/ zip _____

E-mail address _____

Driver's License # _____

Father

Full name _____

Home address with zip _____

Home phone _____ Cell phone _____

Employer/Company name _____

What kind of business is this? _____

What is your job there? _____ Are you self-employed? _____

Work phone _____ Work hours /days _____

Work address w/ zip _____

E-mail address _____

Driver's License # _____

Siblings

_____ name _____ date of birth _____ grade _____ name of school currently attending _____

_____ name _____ date of birth _____ grade _____ name of school currently attending _____

_____ name _____ date of birth _____ grade _____ name of school currently attending _____



Alpine Academy
3100 West Gunn Rd., Oakland, MI 48363
248.814.1111
www.myalpineacademy.com

How did you find out about Alpine Academy? Please choose all that apply.

Realtor Human Resources Dept. Relocation rep Online search Other: _____
Mailing Rental Eagle Creek Driving by Newspaper Referral name: _____

Background

What language(s) do you speak at home? _____

List all professional educational, behavioral and psychological counseling & testing your child has received inside or outside school, including when & by whom. Turn in all reports and test results upon application.

For your child, what are the most important qualities in a school? _____

Please share any additional information you would like us to have. _____

Through what age are you thinking of keeping your child at Alpine Academy?

1 year old 2 years old 3 years old 4 years old Young Fives Kinderg, 1st or 2nd in summers

Comments: _____

Parent Who May Not Pick Up

We will release your children to the mother and father listed above, unless you turn in a current copy of a court order which specifically denies them that right. Name of parent who may NOT pick up _____

People Who May Pick Up Your Children You may add or delete names in person or through email (not through handwritten notes or phone calls).

Full name/relationship to child/phone #s _____

Full name/relationship to child/phone #s _____

Full name/relationship to child/phone #s _____

Full name/relationship to child/phone #s _____

Grandparents & Special Friends

List people to whom we may send school newsletters and event updates (not billing, attendance, etc...).

Full name, relationship & email address _____

Full name, relationship & email address _____

Full name, relationship & email address _____

Full name, relationship & email address _____

Medical Emergency Contacts (after parents)

Name, relationship to child, all phone numbers, address _____

Name, relationship to child, all phone numbers, address _____

Allergies or Significant Medical Conditions

Specific allergies _____

Medical conditions _____

If your child has allergies or a medical condition, please complete the Medical Alert form (available on the website) and get written approval by the manager before the first day of school.

Medical Background

Please describe your child's current or past communicable diseases, health problems and disabilities.

Physician, Health Insurance, Hospitals

Name of doctor _____ Name of doctor's office _____

Doctor's phone _____ Doctor's address w/ zip _____

Name of insurance company _____ Subscriber's name _____

Insurance policy # _____ Insurance group # _____

Hospital of preference _____ We cannot guarantee EMS will take your child there.

Signature

All the information on this form is true and complete. I will update this form whenever there are changes. We will turn in all of the following before my child's first day of school:

- List of all professional counseling & testing & the results (inside or outside school)
- Medical Alert form (if applicable)
- Non-refundable application fee of \$200 payable to Alpine Academy

Parent Print Name

Parent Signature

Date

Office Use Only

Start date _____
Age at start _____
Schedule _____
Teacher _____
Payments _____
___ App fee
___ Contract
___ 1st month tuition
___ FACTS

___ Summer
___ School year
___ Labels
___ Health form
___ Immunizations
___ I am Special
___ Child has allergy / med alert
___ Allergy / med alert form
___ Meds etc are here