
Student Information

Child(ren)

Full legal name _____
Last First Preferred Name Gender D.O.B.

Full legal name _____
Last First Preferred Name Gender D.O.B.

Mother

Full name _____

Home address with zip _____

Home phone _____ Cell phone _____

Employer/company name _____ Occupation _____

Work address _____

Work phone _____ Work hours /days _____

E-mail address _____

Father

Full name _____

Home address with zip _____

Home phone _____ Cell phone _____

Employer/company name _____ Occupation _____

Work address _____

Work phone _____ Work hours /days _____

E-mail address _____

Siblings

Name	Date of Birth	Grade	Name of School Attending
Name	Date of Birth	Grade	Name of School Attending
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Family

Please share any necessary information about your family (i.e., the child does not live with both parents in one house, you are not the parent, languages spoken at home...)

Medical Emergency Contacts (after parents)

Name, relationship to child, all phone numbers, address

Name, relationship to child, all phone numbers, address

Parent Who May Not Pick Up

We will release your children to the mother and father listed above, unless you attach 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, but you must do so in person and in your handwriting. Please initial all changes. You may not send a note.

Full name and phone _____

Full name and phone _____

Full name and phone _____

Physician, Health Insurance, Hospitals

Physician's name and phone _____

Address with zip code _____

Insurance company and card numbers _____

Hospital preference _____

(We cannot guarantee that EMS will take your child to your hospital of preference)

Medical Background

Please describe your child's current or past communicable diseases, health problems, disabilities, family history of SIDS, and serious medical or treatments or hospital visits. Please list all professional counseling or testing (educational, behavioral, physical, psychological) your child has received. Please include when and by whom.

Allergies or Significant Medical Conditions

Specific allergies or significant medical conditions: _____

If your child has asthma, severe allergies or a significant medical condition, please complete the Medical Alert form and get it approved by the director before the first day of school.

Picture Consent

Alpine Academy may take pictures of students and use them on the Alpine Academy facebook page, website, and for any other print or online media purposes. Please initial here if you **DO NOT** consent to have pictures of your child used for marketing or social media (this includes our internal newsletters): _____ (deny consent)

Parent Initials

Signature

All the information on this form is true and complete. I will update this form in writing whenever there are changes.

Parent Signature Date

Parent Signature Date

Office Use Only

Start date _____

Age at start date _____

Schedule _____

Notes _____

Teacher _____

Year-round? _____

- Enrollment Check
- 1st month tuition
- FACTS
- Payments _____

- Contract
- Health
- Immunizations
- All About Me

- Allergies/asthma
- Email Lists
- Sunscreen
- Labels (5)