



The Ivy School

Preschool & Kindergarten

Child's Information

Last name _____ First _____

Address _____ City _____ Zip _____

Birth date _____ Age _____ Allergies? _____

Parent Information

Mother's name _____ Father's name _____

Address _____ E-mail _____

Home phone _____ Home phone _____

Work phone _____ Work phone _____

Cell phone _____ Cell phone _____

Please circle the program that your child will be enrolled in:

Preschool: M/W M/W/F T/TH T/TH/F M-F M-TH other _____

Primary: Kinder

Emergency Contact (other than parent)

Name _____ Phone _____

Address _____

Release of child

In addition to the parents listed on this form, I authorize The Ivy School to allow my child, _____, to leave the facility with the following people only:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Authorization for Emergency Medical Attention

Physician _____ Address _____ Phone _____

Hospital _____ Address _____ Phone _____

Please list any special needs that your child may have or other information the school should be aware of:

I give consent for the facility listed above to secure any and all necessary emergency medical care for my child. I also authorize the persons under "release of child" to leave the school with my child. I certify that all information above is true to my knowledge.

Signature of parent or legal guardian

Date

Date of Admission: _____

Date of Withdraw _____

School Start Date _____