

2017 -2018 GATEWAY SCHOOL REGISTRATION FORM

Child's Full Name _____ Nickname _____ M/F _____

Home Address _____
Street City State Zip Code

Child's Birth Date _____ Child's Language _____ Child's Home Phone _____

Guardian 1 Name _____ Email Address _____

Home Address _____ Cell/Home Phone _____

Work Name/Address _____ Work Phone _____

Guardian 2 Name _____ Email Address _____

Home Address _____ Cell/Home Phone _____

Work Name/Address _____ Work Phone _____

Sitter's Name (if applicable) _____ Sitter's Phone _____

Sibling's Names and Ages _____

Previous School Experience _____

List all allergies and any special precautions or treatment indicated for these allergies (or N/A) _____

List medications, food supplements, modified diets or fluoride supplements being administered to the child (or N/A) _____

List any chronic physical problems and any history of hospitalization (or N/A): _____

List any diseases the child has had (or N/A): _____

Please Check One:

My name, my child's name, address, phone number and email address may be published in the Gateway School Directory.

I do not wish my child's name, address, phone number or email address to be published in the Gateway School Directory.

Indicate all sessions your child will attend by placing an "x" in the box:

Session	Mon	Tue	Wed	Thu	Fri	Select One
am						Preschool
pm						Kindergarten

I have received a copy of the Gateway Parent handbook and understand the policies as stated.

Guardian Signature _____

Date _____

***Please include a \$135 nonrefundable registration/supply fee per family to insure placement.**

FOR SCHOOL USE ONLY: Registration Fee _____ September Age _____ Car# _____ www.gatewaypre-k.com