**New Student Application**

*Please fill out the information in this form carefully. It is important that we have the most accurate information, to help ensure the best experience for you and your child. Thank you!*

Child Name:

Preferred Name (if other):

Age:

Gender:

[ ]  *Male*

[ ]  *Female*

Allergies/Special Requirements:

Parent/Guardian Name:

Phone Number:

Email:

Address:

Secondary Contact Name:

Secondary Contact Number:

Authorized Pickup List:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: