

2010 – 2011 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 _____ Home Phone _____

Email Address _____ Fax Number _____

Guardian 1 Name _____ Home Phone _____

Home Address _____ Cell Phone / Pager _____

Work Name _____ Work Phone _____

Work Address _____

Guardian 2 Name _____ Home Phone _____

Home Address _____ Cell Phone / Pager _____

Work Name _____ Work Phone _____

Work Address _____

Babysitter'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 NA):

List medications, food supplements, modified diets, or fluoride supplements being administered to the child (or NA):

List any chronic physical problems and any history of hospitalization (or NA): _____

List any diseases the child has had (or NA): _____

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, 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
am					
pm					

Select One	
Preschool	
Kindergarten	

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

Guardian Signature _____

Date _____

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