	The Stillwater Schoo Application	bl	Discharge Date:
Child's Name		Gender_	D.O.B
Physical Address			
Phone			
Parent/Guardian's Name			
Mailing Address			
Place of Employment			
Phone			
Address			
E-Mail			
Parent/Guardian's Name			
Phone	Cell		
Address if different from above			
Place of Employment			
Phone	-		
Address			

Admission Date:__

E-Mail_____

Please list your child's siblings

Name	Age
Please list any persons other than yourselves	who will be picking up your child
Please notify the school when regular pick-a	ap methods will vary.
IN CASE OF EMERGENCY, whom should w	ve call if you cannot be reached?
Name	Phone
Physical Address	
Relationship	
Cell Phone	

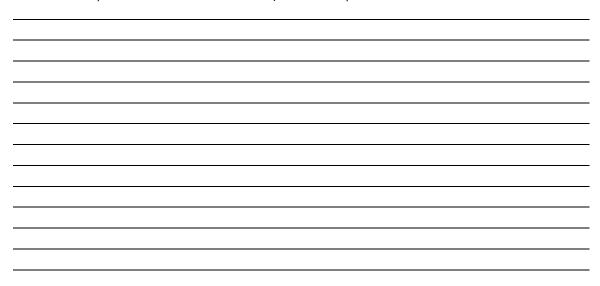
Name of Dentist
Phone
Physical Address
Name of Physician
Phone
Physical Address
Can emergency care be provided for your child if no one can be reached?
$^{\prime\prime}$ I hereby give consent, in the event of a medical emergency when I cannot be contacted, for
child care staff to obtain whatever treatment may be deemed necessary for my child"
D.O.B
This authorization includes my consent for the above named child to receive treatment by a
physician in any hospital emergency department.
Known allergies
Known medical problems
Parents' signature

Please assist us in getting to know your child:

1. Does your child have any recurring health problems?

- 2. Does your child have any limitations to physical activities?
- Does your child have any allergies? ______
- 4. Does your child have any known or suspected learning difficulties?
- 5. Does your child have any special interests? _____

Please list any other details that will help us know your child:



Program Choice:

We are happy to customize a schedule that works best for you.

of 1/2 day sessions per week _____ M T W Th F

of full day sessions per week _____ M T W Th F

A deposit of $\frac{1}{2}$ of the first month's tuition must accompany this form. A \$25.00 processing fee must also accompany this form for new enrollments. Please make checks payable to The Stillwater School.