

# The Stillwater School Application

Admission Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ D.O.B. \_\_\_\_\_

Physical Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

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 \_\_\_\_\_

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-up methods will vary.

**IN CASE OF EMERGENCY**, whom should we 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? \_\_\_\_\_

" 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 \_\_\_\_\_



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 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.

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