| | 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 | |

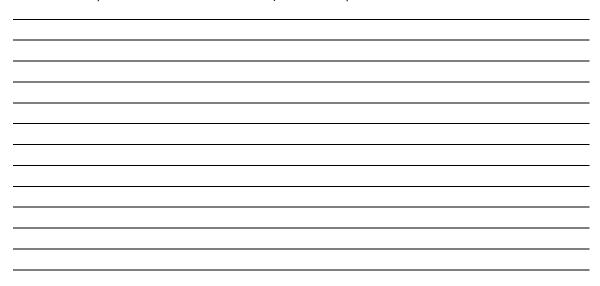
| Name of Dentist |
|--|
| Phone |
| Physical Address |
| |
| |
| |
| Name of Physician |
| Phone |
| Physical Address |
| |
| |
| Can emergency care be provided for your child if no one can be reached? |
| $^{\prime\prime}$ I hereby give consent, in the event of a medical emergency when I cannot be 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.