

## Student enrollment information

Student's full name:	
Primary care-giver (contact person 1):	
Mobile number:	
Contact person 2:	
Mobile:	
Home phone:	
Home address:	
Does your child have any allergies or illness we should be aware of? If yes, please elaborate.	

People I authorize to collect my child/children in the event of an emergency (full names):

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.