DATE OF APPLICATION

APPLICATION FOR ADMISSION

PARENTAL / EMERGENCY CONTACT INFORMATION

The Gem School — For Early Childhood Education

CHILD'S FULL NAME LAST	FIRST
NICKNAME	BIRTH DATE
STREET/CITY/STATE/ZIP	GENDER M ( ) F ( )

MOTHER'S NAME / LEGAL GUARDIAN LAST	FIRST
STREET/CITY/STATE/ZIP	
HOME PHONE	CELL PHONE
BUSINESS ADDRESS	BUSINESS PHONE

FATHER'S NAME / LEGAL GUARDIAN LAST	FIRST
STREET/CITY/STATE/ZIP	
HOME PHONE	CELL PHONE
BUSINESS ADDRESS	BUSINESS PHONE

BEST EMAIL ADDRESS

LOCAL EMERGENCY CONTACT(S) TO WHOM CHILD MAY BE RELEASED

NAME	RELATIONSHIP	PHONE WHEN CHILD IS IN CARE
1		
2		
3		

PHYSICIAN'S NAME	PHYSICIAN'S PHONE
PHYSICIAN'S ADDRESS	
DENTIST'S NAME	DENTIST'S PHONE
DENTIST'S ADDRESS	
CHILD'S DISABILITIES	CHILD'S ALLERGIES
MEDICATIONS, SPECIAL CONDITIONS	
HEALTH INSURANCE COVERAGE / POLICY NUMBER	

PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM TO INDICATE PARENTAL CONSENT

ADMINISTRATION OF MINOR FIRST AID

RELEASE TO THE ABOVE EMERGENCY CONTACTS

OBTAINING EMERGENCY MEDICAL CARE

THIS APPLICATION MUST BE ACCOMPANIED BY A NON-REFUNDABLE REGISTRATION FEE OF $100

PARENT'S SIGNATURE DATE

PARENT'S SIGNATURE DATE

WHITE COPY - CLASSROOM YELLOW COPY - STUDENT FILE PINK COPY - SCHOOL OFFICE