



ASPEN CREEK ACADEMY

Growing the Future

REGISTRATION FORM

CHILD'S INFORMATION

| | | | |
|---|----------------|-----------------------|-----|
| _____/_____/_____ | | _____/_____/_____ | |
| REQUESTED START DATE | | CHILD'S DATE OF BIRTH | |
| DAYS ATTENDING: <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI | | FULL DAYS/ HALF DAYS | |
| CHILD'S FIRST NAME | MIDDLE INITIAL | LAST NAME | |
| ADDRESS | CITY | STATE | ZIP |
| SCHOOL (IF APPLICABLE) | | | |

MOTHER'S INFORMATION

| | | | |
|------------------------------------|------------------------------------|------------------------------------|-----|
| FIRST NAME | LAST NAME | MARITAL STATUS | |
| ADDRESS | CITY | STATE | ZIP |
| DRIVER'S LICENSE NUMBER | SOCIAL SECURITY NUMBER | EMAIL ADDRESS | |
| (_____) _____ HOME PHONE NUMBER | (_____) _____ CELL PHONE NUMBER | (_____) _____ WORK PHONE NUMBER | |
| EMPLOYER | | | |
| EMPLOYER ADDRESS | CITY | STATE | ZIP |

FATHER'S INFORMATION

| | | | |
|------------------------------------|------------------------------------|------------------------------------|-----|
| FIRST NAME | LAST NAME | MARITAL STATUS | |
| ADDRESS | CITY | STATE | ZIP |
| DRIVER'S LICENSE NUMBER | SOCIAL SECURITY NUMBER | EMAIL ADDRESS | |
| (_____) _____ HOME PHONE NUMBER | (_____) _____ CELL PHONE NUMBER | (_____) _____ WORK PHONE NUMBER | |
| EMPLOYER | | | |
| EMPLOYER ADDRESS | CITY | STATE | ZIP |

HEALTH INFORMATION

| | | | |
|-------------------------|--------------------------------------|-------------|-----|
| DOCTOR'S FIRST NAME | LAST NAME | OFFICE NAME | |
| ADDRESS | CITY | STATE | ZIP |
| () | | | |
| PHONE NUMBER | KNOWN ALLERGIES OR HEALTH CONDITIONS | | |
| HOSPITAL OF CHOICE | () | | |
| | PHONE | | |
| ADDRESS | CITY | STATE | ZIP |
| DENTIST (IF APPLICABLE) | () | | |
| | PHONE | | |
| ADDRESS | CITY | STATE | ZIP |

EMERGENCY CONTACT INFORMATION

| | | | |
|-----------------------|--|--|-----|
| FIRST NAME | LAST NAME | RELATION TO CHILD | |
| ADDRESS | CITY | STATE | ZIP |
| () | () | | |
| HOME PHONE NUMBER | CELL PHONE NUMBER | | |
| CHECK ALL THAT APPLY: | <input type="checkbox"/> CALL IF THERE IS AN EMERGENCY | <input type="checkbox"/> PICK UP/ DROP OFF | |

| | | | |
|-----------------------|--|--|-----|
| FIRST NAME | LAST NAME | RELATION TO CHILD | |
| ADDRESS | CITY | STATE | ZIP |
| () | () | | |
| HOME PHONE NUMBER | CELL PHONE NUMBER | | |
| CHECK ALL THAT APPLY: | <input type="checkbox"/> CALL IF THERE IS AN EMERGENCY | <input type="checkbox"/> PICK UP/ DROP OFF | |

| | | | |
|-----------------------|--|--|-----|
| FIRST NAME | LAST NAME | RELATION TO CHILD | |
| ADDRESS | CITY | STATE | ZIP |
| () | () | | |
| HOME PHONE NUMBER | CELL PHONE NUMBER | | |
| CHECK ALL THAT APPLY: | <input type="checkbox"/> CALL IF THERE IS AN EMERGENCY | <input type="checkbox"/> PICK UP/ DROP OFF | |

ENROLLMENT: In order to hold your child's spot at Aspen Creek Academy, this form needs to be filled out in its entirety and a payment of \$85 (non refundable) needs to be paid. By signing this form, you agree that all information provided on this form is accurate and correct under perjury of law.

Signature of Parent of Guardian

_____/_____/_____
Date