



A Cooperative School Inspiring
Young Children Since 1964

STUDENT ENROLLMENT RECORD

For School Year
2017-2018

Please Circle Class

2AM PM

3AM Sat PC

PLEASE FILL IN ALL BLANKS COMPLETELY:

Child's Name: _____ Gender: _____
(First) (Last)

Nickname _____ DOB: _____ Birth Place: _____

Address: _____
(Street) (City) (Zip)

Primary Phone: _____ Primary email: _____

1st Parent/Guardian's Name: _____ Marital Status: _____

Home Address (if different from above): _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Employed By: _____ Occupation: _____

Employer's Address: _____
(Street) (City) (Zip)

Business Phone: _____ Hours at Work: _____

2nd Parent/Guardian's Name: _____ Marital Status: _____

Home Address (if different from above): _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Employed By: _____ Occupation: _____

Employer's Address: _____
(Street) (City) (Zip)

Business Phone: _____ Hours at Work: _____

Child's Physician: _____ Phone: _____

Address: _____
(Street) (City) (Zip)

Child's Dentist: _____ Phone: _____

Address: _____
(Street) (City) (Zip)

You **MUST** provide two (2) emergency contacts other than parents or doctors. These must be people who are authorized to pick your child up at school. **If you expect the emergency contacts will pick up your child on a regular basis, please list their names in the Frequent Pick Up section.**

1. Name: _____ Relationship to Child: _____

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

2. Name: _____ Relationship to Child: _____

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

OTHERS (than those listed above) who are authorized to pick up my child (grandparents, friends, etc.)

1. Name: _____ Relationship to Child: _____

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

2. Name: _____ Relationship to Child: _____

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

FREQUENT PICK UP: I anticipate that my child will be picked up from school on a regular basis by the following people (must also be listed above):

My child has the following allergies/health problems: _____

My child has had the following childhood diseases: _____

My child is transferring from _____ school.

Sibling(s)/others living in the home (names and birth dates): _____

My child identifies with the following ethnicity:

- Hispanic or Latino
- Non Hispanic or Latina

My child identifies with the following race(s):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Date enrolled: _____ Date released: _____

Parent/Guardian signature: _____ **Date:** _____

Hobson School is a non-discriminatory organization. It is the policy of Hobson School to maintain an environment in which all individuals are treated with dignity and respect. The School prohibits discrimination in its educational programs, activities, services or benefits against any student, member, or employee on account of race, color, national origin, gender, religious beliefs, marital status, disability, sexual orientation, age, or any other class or characteristic protected by law.