

# Firs & Fiddleheads Re-enrollment

Child's Name: \_\_\_\_\_ Enrollment Year: \_\_\_\_\_

Residing parent/Guardian Name(s): \_\_\_\_\_

Age in Fall: \_\_\_\_\_

My child will attend the following hours:

Mornings  
8:00 am-12:00 pm

Afternoons  
12:30 pm-4:00 pm

My child will attend the following days:

Tues/Thurs

Mon/Wed/Fri

All 5 Days

I understand that I will be responsible for payment based on the above schedule. Any changes must be made before September 1<sup>st</sup> and must be in writing/email.

**CONTACT INFORMATION: \*\*Please make careful note of any address and phone number changes. \*\***

PARENT/GUARDIAN INFORMATION #1						
Name: _____			Relationship to child: _____			
Circle Applicable Description:	Married	Divorced	Partner	Separated	Single	Widowed
Address: _____						
City: _____		Zip: _____		Home Phone: _____		
Cell Phone: _____			Email: _____			
Work Phone: _____			Work Place: _____			

PARENT/GUARDIAN INFORMATION #2						
Name: _____			Relationship to child: _____			
Circle Applicable Description:	Married	Divorced	Partner	Separated	Single	Widowed
Address: _____						
City: _____		Zip: _____		Home Phone: _____		
Cell Phone: _____			Email: _____			
Work Phone: _____			Work Place: _____			

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Please note: *Only the people listed below (along with the parents listed above) will be granted permission to pick up your child. Please contact the registrar if this form needs to be updated at any time during the school year.*

**AUTHORIZED PICK UP INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL INFORMATION**

Date of last physical: \_\_\_\_\_ Dental exam: \_\_\_\_\_ Vision exam: \_\_\_\_\_  
Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

**HEALTH INFORMATION**

Please list any updates or new information to your child's health i.e. Allergies, medical concerns, or other special instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER INFORMATION**

- I have read and agree to the Firs & Fiddleheads parent Handbook on [firsandfiddleheads.org](http://firsandfiddleheads.org)
- The Firs has my permission to use photographs of my child for display/program purposes.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_