Caterpillar Lane Registration From

Start Date_____ Program_____

Child's Full Name_____

DOB____/_____/_____ Age_____ [ ]Boy [ ]Girl

Address_____

Child Lives with: [ ]Both Parents [ ]Mother [ ]Father [ ]Guardian

[ ]Step Mother [ ] Step Father [ ]Grandparent [ ]_____

Parent/Guardian (1st contact in case of illness or emergency)

Name_____ Place of Employment_____

Cell Number ( ) _____-_____ Work Number ( ) _____-_____

Address_____

City_____ State_____ Zip_____

Email_____

Responsible for Tuition Payment [ ] Yes [ ] No

Family Information: [ ]Married [ ]Seperated [ ]Divorced [ ]Single

Parent/Guardian

Name_____ Place of Employment_____

Cell Number ( ) _____-_____ Work Number ( ) _____-_____

Address_____

City_____ State_____ Zip_____

Email_____

Responsible for Tuition Payment [ ] Yes [ ] No

Family Information: [ ]Married [ ]Seperated [ ]Divorced [ ]Single

Emergency Contact List/Authorization to Pick Up:

1.________________________ Phone________________ Relationship______________

2.________________________ Phone________________ Relationship______________

3.________________________ Phone________________ Relationship______________

Does your child have any allergies/medication_________________________________

____

All students must be potty trained before school starts. Does your child need any assistance in the bathroom____.

- ☐ I give permission for Caterpillar Lane to use photos of my child for school art projects/website/advertising.
- ☐ I give permission for Caterpillar Lane to apply sunscreen to my child when needed.

____

Parent/Guardian Signature Parent/Guardian Date

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Registration Paid________________ Book/Supply Fee Paid__________________

Caterpillar Lane Christian Academy Medical Release Form

In case of emergency, I _____ give Caterpillar Lane
(parent/guardian name)

permission to seek medical treatment for my child_____.
(childs name)

I release Caterpillar lane from any legal/financial responsibility incurred from medical treatment or transportation costs. This form will transport with your child in case of an emergency.

Child's Name: _____
DOB: _____ Gender:_____ Allergies? Y/N _____
Currently taking medicine? _____
Preferred Hospital_____
Pediatrician Name_____ Phone:_____
Address_____
Pediatric Dentist_____ Phone:_____
Address_____

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Parent/Guardian Name_____
Address_____
Phone_____ Email_____

Parent/Guardian Name_____
Address_____
Phone_____ Email_____

_____
Parent/Guardian Signature **Date**

_____
Parent/Guardian Signature **Date**