



**Registration Form**

Location:  Arlington Heights  Mundelein

**Parent/Guardian Information:**

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Custodial Parent (If married, mark yes for both parents)  Yes  No Cell Phone Carrier: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Preferred PIN number for checking in/out (4 digits, numbers only) 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other

Door Key Less Entry Code: \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Custodial Parent (If married, mark yes for both parents)  Yes  No Cell Phone Carrier: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Preferred PIN number for checking in/out (4 digits, numbers only) 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other

Door Key Less Entry Code: \_\_\_\_\_

**Child Information:**

**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Pediatrician's Phone: \_\_\_\_\_

Pediatrician's Address: \_\_\_\_\_

Other Information: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Pediatrician's Phone: \_\_\_\_\_

Pediatrician's Address: \_\_\_\_\_

Other Information: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**3<sup>rd</sup> Child**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Pediatrician's Phone: \_\_\_\_\_

Pediatrician's Address: \_\_\_\_\_

Other Information: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**4<sup>th</sup> Child**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Pediatrician's Phone: \_\_\_\_\_

Pediatrician's Address: \_\_\_\_\_

Other Information: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Other Persons Living in the Household:**

Name

Relationship

Date of Birth

**Emergency Contacts & Authorized Pickup Persons:** In case we are unable to contact the parents, please list five emergency contacts that may also pick up your child daily (within a ten mile radius).

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits, numbers only) \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**2<sup>nd</sup> Contact/Pick Up** Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits, numbers only) \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**3<sup>rd</sup> Contact/Pick Up** Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits, numbers only) \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**4<sup>th</sup> Contact/Pick Up** Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits, numbers only) \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**5<sup>th</sup> Contact/Pick Up** Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits, numbers only) \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_  Weekly     Bi-Weekly     Monthly     Other

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

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**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

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**Signature:**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*ALL INFORMATION SHALL BE REGARDED AND HANDLED CONFIDENTIALLY*