



Enrollment Application

Date _____

Child's Information

Full Name		Birth date	
Nickname		Gender	

Family Information

	Enrolling Parent/Guardian	Other Parent/Guardian
Full Name		
Relationship		
Home Address		
Main Phone		
Home Phone		
Cell Phone		
Work Phone		
Email		
Soc. Sec. #		
Employer		
Position/Title		
Work Address		
Work Hours		

Custody: Mother _____ Father _____ Both _____ Other _____

Medical Information

In signing this form, you grant permission for the staff of Seaside School to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor's Name	Address	Phone(s)

Please list allergies, special medical or dietary needs, or other areas of concern.

Contacts

Your child will be released only to custodial parents/legal guardians and persons listed below for pick up or in case of illness or accident if the parent/ guardian cannot be reached.

	Contact 1	Contact 2
Full Name		
Relationship		
Home Address		
Home Phone		
Cell Phone		
	Contact 3	Contact 4
Full Name		
Relationship		
Home Address		
Home Phone		
Cell Phone		

Desired Care (Seaside’s hours are **8:00 a.m. to 5:30 p.m.**)

Please indicate the days and approximate hours you would like your child to attend.

Full-time Care

Part-time care

Monday through Friday from ____ to ____

Mondays, Wednesdays, Fridays from ____ to ____

Tuesdays & Thursdays from ____ to ____

I would like my child to begin attending Seaside School in (month/year) _____

Summer

Seaside offers year round care. Tuition is due through the summer.

Will your child attend during the summer? Yes/No

Do you agree to pay tuition through the summer? Yes/No

Signature

By signing below, you verify that all information on this enrollment form is complete and true.

Parent/Guardian Signature _____ Date _____

**Please bring in or mail this completed form, \$50 registration fee, and \$100 supply fee to:
(fees do not apply to VPK only students)**

Seaside School, 501D Anastasia Blvd., St. Augustine, FL 32080 (904) 217-4728