



## The Woods Private School

Check one:

<input type="checkbox"/>	Kindergarten	8:30-3:00	<input type="checkbox"/>	2nd Grade	8:30 - 3:00
<input type="checkbox"/>	Pre-First	8:30-3:00	<input type="checkbox"/>	3rd Grade	8:30 - 3:00
<input type="checkbox"/>	1st Grade	8:30-3:00	<input type="checkbox"/>	4th Grade	8:30 - 3:00
			<input type="checkbox"/>	5th Grade	8:30 - 3:00

STUDENT

<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Middle)</i>	<i>(Preferred name to be used at school, if different than "First Name")</i>
Phone _____		BIRTHDATE:	
Address _____		Month _____	
City/State/Zip _____		Day _____	
Subdivision _____		Year _____	
Home E-mail _____ <i>(Not Student's E-mail)</i>		Female _____ Male _____	

FATHER

Last Name _____	Work Phone _____
First Name _____ <i>(Only if different from student's address)</i>	Cell Phone _____
Address _____	Work E-mail _____
City/State/Zip _____	Occupation _____
	Name of Firm _____

MOTHER

Last Name _____	Work Phone _____
First Name _____ <i>(Only if different from student's address)</i>	Cell Phone _____
Address _____	Work E-mail _____
City/State/Zip _____	Occupation _____
	Name of Firm _____

### Attendance:

Date student will start: \_\_\_\_\_

Full-time Morning/Afternoon Care Required: Yes / No \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

Occasional Morning/Afternoon Care Required: Yes / No \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

On the following days: \_\_\_\_\_ Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri.

### For office use only:

Registration Paid: Yes / No      Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_

Time and Date of Registration \_\_\_\_\_

Teacher Assignment \_\_\_\_\_