



# Eagle's Nest Registration Form

## Pre-school Student Registration

### Student Information

Student: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Medical conditions? \_\_\_\_\_ Allergies? \_\_\_\_\_

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### Parent/Guardian Information

Mother: \_\_\_\_\_ Religion: \_\_\_\_\_

Father: \_\_\_\_\_ Religion: \_\_\_\_\_

Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent status:  Married  Separated  Divorced

Head of Household:  Mother  Father  Guardian

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Company: \_\_\_\_\_ Company: \_\_\_\_\_

Work address: \_\_\_\_\_ Work address: \_\_\_\_\_

Work phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_

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I give permission for my child to be picked up by the following people:

1. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_
  2. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_
- Other children in school: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date