

CREATIVE FRONTIERS SCHOOL To Be Completed by Parent or Guardian Upon Enrollment and Annually

CHILD'S FIRST NAME	MIDDLE	LAST	DATE OF BIRTH	SEX	HOME PHONE #
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HOME STREET ADDRESS	CITY	STATE/ZIP	PRIMARY CONTACT PARENT?
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PARENT FIRST NAME	MIDDLE	LAST	SOCIAL SECURITY #	DRIVER'S LICENSE #
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HOME STREET ADDRESS	CITY	STATE/ZIP	HOME PHONE #
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EMPLOYER'S NAME	TYPE OF BUSINESS	BUSINESS PHONE #	CELL PHONE #
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WORK ADDRESS	STREET	CITY	STATE/ZIP	E-MAIL ADDRESS
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PARENT FIRST NAME	MIDDLE	LAST	SOCIAL SECURITY #	DRIVER'S LICENSE #
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HOME STREET ADDRESS	CITY	STATE/ZIP	HOME PHONE #
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EMPLOYER'S NAME	TYPE OF BUSINESS	BUSINESS PHONE #	CELL PHONE #
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WORK ADDRESS	STREET	CITY	STATE/ZIP	E-MAIL ADDRESS
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ADDITIONAL PERSONS WHO MAY BE CALLED IN EMERGENCY

NAME	ADDRESS	TELEPHONE#	RELATIONSHIP
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PHYSICIAN OR DENTIST TO BE CALLED IN EMERGENCY

Physician	Address	Medical Plan and Number	Telephone #
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Dentist	Address	Medical Plan and Number	Telephone #
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**NAME OF PERSONS AUTHORIZED TO TAKE CHILD FROM CREATIVE FRONTIERS
Child Will Not Be Allowed To Leave With Any Other Person UNLESS WE HAVE Written Authorization From Parent or Guardian**

NAME	RELATIONSHIP	IDENTIFICATION (FOR OFFICE USE)
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SIGNATURE OF PARENT OR GUARDIAN

DATE

TO BE COMPLETED (BELOW THIS LINE) BY ADMINISTRATOR

Date of Admission

Registration Forms Accepted By:

Last Date of Attendance:
