

Einstein Academy

Student Registration Form

Student Name: _____

Date of Birth: _____

Parent's Name: _____

Home Phone: _____

Home Address: _____

Work Phone: _____

_____ Zip Code: _____

Cell Phone: _____

Student Information

Does your child have any medical, physical or emotional conditions that we need to be aware of? _____

Any Allergies? _____

Any food restrictions? _____

Any medications? _____

Is your child potty trained? Yes No

Your Request

Desired starting date: _____

Please circle the days: M T W Th F (3/5/6 day programs available)
(Infants 5/6 days full time only)

What hours would you need? From: _____

To: _____

School-Age Request

Before and After School: _____

Off Time Only _____

Summer Program: _____

Name of School: _____

Grade: _____

Teacher: _____

Additional Information

Has your child been in Preschool before? Yes No

Where? _____

Reason for leaving: _____

Registration Fee (non-refundable): \$75.00 individual

\$100.00 family

Activity Fee (summer only): \$100.00

For office use only

Program: _____

Weekly Rate: _____

Registration fee: Cash or Check No. _____

Approval Signature: _____

Date: _____