

EDINBORO EARLY SCHOOL

380 JUMPERS HOLE ROAD
SEVERNA PARK, MARYLAND 21146

REGISTRATION FORM NEW STUDENT

Child's Name _____ Start Date _____

Date of Birth _____ Age _____ Sex _____

Class (circle one): *CC-2yr *N-3yr *PreK-4yr *K-5yr *Before/After-5/6/7

Schedule (circle one): *5 Day *M-W-F *Tu-Th

Program (circle one): *School only (8:30-11:30)

*Full Day (8:00-3:30)

*Extended Day (7:00-6:00) *Summer Extended Day is 7:30-5:30*

Parents' Full Names _____

Home Address _____

Home Phone # _____

Father's Occupation _____

Father's Work Address _____

Father's Cell Phone # _____

Father's Email _____

Mother's Occupation _____

Mother's Work Address _____

Mother's Cell Phone # _____

Mother's Email _____

SIBLINGS: Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Previous School Experience: _____

Interests (dancing, T-ball, etc.) _____

Doctor's Name _____ Phone # _____

Preferred Hospital _____ Phone # _____

**Emergency Contact Person, someone who could act for the parent in an emergency.....

Name _____ Phone # _____

If your child has any special problems we should be aware of, please identify them on the reverse side of this form. No child will be admitted to class unless health forms are submitted.

WD _____

Please include the non-refundable \$135.00 Registration Fee with this application.