

## PARENT-CHILD ENROLLMENT FORM

(please print clearly)

Submission Date:	
Fall Winter Spring (circle or	e) Year
Day Requested (circle one) Wednesday	Thursday
Child's Name	Date of Birth
Nickname (if applicable)	Gender
Languages Spoken in the Home	
Parent/Guardian Information	
First Parent/Guardian:	
name	
address	
home phone	cell phone
work phone	
email address	
occupation	
occupation	
business address (if different)	
Second Parent/Guardian:	
name	
address (if different)	
home phone	cell phone
· <del></del>	
work phone	

email address					
occupation					
business address (if different)					
Please indicate the names and	birthdate of sib	lings in the hom	ne:		
How did you hear about Westb	rook Nature Sc	hool?			
Please tell us of any allergies or	other medical	considerations o	concerning	your child:	
parent/guardian signature		date			
Westbrook Nature School is no race, color, religion, disab educational, administrati	ility, sexual orie	entation, or nat	ional and e	thnic origin in	its
For Internal Office Use On	ly:				
Date Received:	– Amount:				
Enrollment: Fall Winter		Year:		Day: Wed	Thurs