Madrona School

2016 – 2017 Parent-Infant Registration

Child's Name _____ **Gender** _____ **Birth Date** _____

Parent-Infant (8 weeks – 18 months): Mondays, 11:30am-1:00pm

Fall Session, 9/26/16-11/14/16 (no class 10/31) _____
Winter Session, 1/23/17-3/13/17 (no class 2/20) _____
Spring Session, 4/24/17-5/22/17 _____

Parent/Guardian Information

Name _____ Gender _____
Last First

Relationship to child _____ E-mail _____

Address _____
City Zip

Telephone(s) _____
Home Work Cell/Pager

Work place name and location, nature of work _____

Interests, hobbies, talents _____

Educational background _____

Name _____ Gender _____
Last First

Relationship to child _____ email _____

Address _____
City Zip

Telephone(s) _____
Home Work Cell/Pager

Work place name and location, nature of work _____

Interests, hobbies, talents _____

Educational background _____

Parents' marital status _____ Custodial/visitation arrangements, if any _____

_____

Who lives in the child's household? (please give name and relationship to student of all adults/children in household)

_____

Names and ages of other children in the family, and schools currently attending

_____

_____

Are there any second languages ordinarily spoken in the home? _____

(please complete reverse side →)

For Madrona School Admission Office Use Only

Date application received _____ Enrollment confirmed date _____

Madrona School

Medical Information

Does your child have difficulty seeing, hearing, walking, or speaking? Other? _____

Parents' evaluation of child's health _____

Does your child have any **allergies** or dietary needs? _____

Has your child had childhood illnesses requiring hospitalization? _____

Other information you'd like us to know about? _____

Additional Information

Why are you interested in attending Madrona's Parent-Child or Parent-Infant class?

_____

_____

_____

How did you hear of Madrona School? _____

Do you plan on continuing to preschool at Madrona School? *Yes / possibly / don't know / probably not*

Signature of one parent required

_____ _____

Signature Date Signature Date

Return this form to Madrona School, PO Box 11371, Bainbridge Island, WA 98110

Madrona School welcomes families and students of any race, religion, national or ethnic origin to all of its programs, classes and activities.