



Enrollment Form 2010-11

Child is enrolling in (check one):

Preschool___ Kindergarten___ 1st___ 2nd___ 3rd___ 4th___ 5th___

Previous school attended _____ from _____ to _____

Child Information

Child's Full Name _____ DOB ___/___/___

Name by which child is most frequently called _____

Street Address _____ City _____ Zip _____

Home Phone (____) _____

Parent/Guardian Information

Parent's or Guardian's Name _____

Home ph. # (____) _____ Cell ph. # (____) _____

Place of employment _____ Work ph. # (____) _____

Email address(es) _____

Mailing address if different from child's above:

Address _____ City _____ Zip _____

Best ph. # to reach you (____) _____

Parent's or Guardian's Name _____

Home ph. # (____) _____ Cell ph. # (____) _____

Place of employment _____ Work ph. # (____) _____

Email address(es) _____

Mailing address if different from child's above:

Address _____ City _____ Zip _____

Best ph. # to reach you (____) _____

Developmental and Health Information

To assist us in creating an appropriate plan for your child, please provide details regarding prior IEPs, therapeutic evaluations, and social/academic needs and concerns.

Please list any chronic health conditions (**allergies**, asthma, etc.) and medications taken regularly.

Please provide other information about your child that you think might be helpful for us to know—play and eating habits, fears, likes and dislikes, etc.

Emergency Contacts

In the event neither parent/guardian can be reached in an emergency, list two local contacts:

1) _____ Home # (____) _____
 Work # (____) _____ Cell # (____) _____

2) _____ Home # (____) _____
 Work # (____) _____ Cell # (____) _____

Medical and Insurance Providers

Child's Doctor _____ Phone # (____) _____

Doctor's Address _____

Child's Dentist _____ Phone # (____) _____

Dentist's Address _____

Medical Insurance Company _____

Group # _____ Subscriber # _____ Policy holder name _____

Hospital of Choice _____ Address _____ Phone # (____) _____

People Authorized to Pick Up Child

| | |
|-----------------------------|------------------------------------|
| Name _____ Address _____ | Hm _____ Wk _____ Cell _____ |
| Name _____ Address _____ | Hm _____ Wk _____ Cell _____ |
| Name _____ Address _____ | Hm _____ Wk _____ Cell _____ |
| Name _____ Address _____ | Hm _____ Wk _____ Cell _____ |

Family Information

List other children in family:

| Children's Names | Age | Gender |
|-------------------------|------------|---------------|
| | | |
| | | |
| | | |

List other adults in family (not previously listed):

| Adults' Names | Relationship to Child |
|----------------------|------------------------------|
| | |
| | |

Please deliver, mail, or fax completed form to:

Bixby School
4760 Table Mesa Drive, Boulder, CO 80305
Phone: 303/494.7508 Fax: 303/494.7519

PRIOR to your child's first day of enrollment.