



Enrollment Form

2008-09

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 _____

People Authorized to Pick Up Child

Name _____	Hm _____
Address _____	Wk _____
	Cell _____
Name _____	Hm _____
Address _____	Wk _____
	Cell _____
Name _____	Hm _____
Address _____	Wk _____
	Cell _____
Name _____	Hm _____
Address _____	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

Release of Information: I/we understand that Bixby School requires previous school/educational records and may request copies of educational /psychological testing and/or reports from doctors, therapists, and other professionals who have worked with my child. I grant Bixby permission to request records from, to provide records to, and to communicate with, these providers.

Signature _____ Date _____

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.