



## The Woods Private School

Check one:

- Kindergarten      8:45-2:30  
 Pre-First            8:45-2:30  
 First Grade            8:45-2:30

STUDENT	(Last Name)	(First Name)	(Middle)	<small>(Preferred name to be used at school, if different than "First Name")</small>
	Phone _____			BIRTHDATE:
	Address _____			Month _____
	City/State/Zip _____			Day _____
	Subdivision _____			Year _____
Home E-mail _____			Female _____ Male _____	
<small>(Not Student's E-mail)</small>				
FATHER	Last Name _____		Work Phone _____	
	First Name _____		Cell Phone _____	
	<small>(Only if different from student's address)</small>		Work E-mail _____	
	Address _____		Occupation _____	
	City/State/Zip _____		Name of Firm _____	
MOTHER	Last Name _____		Work Phone _____	
	First Name _____		Cell Phone _____	
	<small>(Only if different from student's address)</small>		Work E-mail _____	
	Address _____		Occupation _____	
	City/State/Zip _____		Name of Firm _____	

**Attendance:** Date student will start: \_\_\_\_\_

Full-time Morning/Afternoon Care Required: Yes / No \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

Occasional Morning/Afternoon Care Required: Yes / No \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

On the following days: \_\_\_\_\_ Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri.

**For office use only:**

Registration Paid: Yes / No      Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_

Time and Date of Registration \_\_\_\_\_

Teacher Assignment \_\_\_\_\_