



ASPEN CREEK ACADEMY

GROWING THE FUTURE

Date of Registration: _____ Requested Start Date: _____

Child's Full Name: _____ Nickname: _____

Address: _____ City: _____ State: _____ Zip: _____

Birth date: _____ Age: _____ Sex: Male Female

What days will your child attend: Monday Tuesday Wednesday Thursday Friday

Will he/she be attending just half days (8:30-12:30)? Yes No

Will your school age child need before-school, after school or both before and after school care?

What elementary school will your child attend?

Mother's Full Name: _____ Marital Status: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell Phone: _____ Work: _____

Driver's License Number: _____ Social Security Number: _____

Employer: _____ Email: _____

Father's Full Name: _____ Marital Status: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell Phone: _____ Work: _____

Driver's License Number: _____ Social Security Number: _____

Employer: _____ Email: _____

List emergency contacts other than parents:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____



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Physician's Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Hospital of Choice: _____ Phone Number: _____

Allergies: _____

Does your child have a dentist? Yes No If yes, please provide the following information:

Dentist Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

List others you want authorized to pick-up your child other than parents listed on reverse side:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Will your child have sibling(s) enrolled at ACA? Yes No

If yes, please provide names and birthdates: _____

Enrollment: To hold your spot for your child's attendance at Aspen Creek Academy, all enrollment information must be completed and signed and returned to the school's office along with the non refundable book fee of \$100 or 150/family

Signature of Parent or Guardian

Date