



_____ Member Last Name

_____ Member First Name

Date of Birth: _____ Grade Level at Entry: _____

Primary Parent/Guardian Name: _____

Primary Phone: _____ Secondary Phone: _____

Second Parent/Guardian Name: _____

Primary Phone: _____ Secondary Phone: _____

Allergies: _____

Student Age: _____ Class Number: _____ Teacher: _____

Food Allergies: _____

Food/Food Products not allowed:

Medications Required: _____

Dose: _____

Schedule: _____

Doctor Note on File: _____

Medications Required: _____

Dose: _____

Schedule: _____

Doctor Note on File: _____

Special Needs/Notes: _____

Approved for Pick up: _____
Approved for Pick up: _____
Approved for Pick up: _____
Approved for Pick up: _____
Approved for Pick up: _____

P/G Initials:
P/G Initials:
P/G Initials:
P/G Initials:
P/G Initials:

I _____, and _____

(Parent/Guardian 1)

(Parent/Guardian 2)

Do hereby agree and contract to register the following:

Child #1 Full Name

Child #1 Full Name

Child #1 Full Name

With the D'Arezzo Center for Creative Education. Fees are based on \$35.50 per regular day per child and \$45.00 per day for minimum days. I agree to a minimum of one day per week with a nonrefundable payment of one month in advance based on the schedule I provide prior to the beginning of each month. Scholarship Applications and other sources of funding may be available on request.

Signed,

(Parent/Guardian 1)

(Parent/Guardian 2)