



### Admissions Application 2017-2018

Child's name: \_\_\_\_\_  Male  Female Grade: \_\_\_\_\_

Previous School: \_\_\_\_\_ Birth date: \_\_\_\_\_

How did you hear about Journey? \_\_\_\_\_

Parent/Guardian	Parent/Guardian
Name: _____	Name: _____
Relationship _____	Relationship _____
Home#: _____ Cell#: _____	Home#: _____ Cell#: _____
E-mail address: _____	E-mail address: _____
Address: _____	Address: _____
City, Zip: _____	City, Zip: _____
Employment: _____ Work#: _____	Employment: _____ Work#: _____

I DO give permission for my information to be on the Journey Parent Organization Directory.

I DO NOT give permission for my information to be on the Journey Parent Organization Directory.

My child has:  IEP  504 Date of last renewal: \_\_\_\_\_  N/A

### Emergency Contact Information

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

List any known allergies or other necessary medical information: \_\_\_\_\_

May we administer your child with either of the following if needed? [ ] pain reliever [ ] Benadryl

Please list those persons not listed above that are allowed to pick up your child (a driver's license will be required to pick up child if person is unknown to teacher)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

<b>OFFICE USE ONLY - To register: return this form with the following:</b>			
<input type="checkbox"/> Application Fee (nonrefundable)	<input type="checkbox"/> Material/Curriculum Fee (nonrefundable)		
<input type="checkbox"/> School records (report card, testing, etc.)	<input type="checkbox"/> Immunization Records	<input type="checkbox"/> Child's birth certificate	