

**Please complete and return
with health forms by August 1.**

Class days: _____

Time: _____

Tuition: _____

The Children's Farm School

P.O. Box 278

Lake Elmo, MN 55042

ENROLLMENT FORM

Child's Name _____ Sex _____
(Last) (first)

Address _____
(Street) (City) (Zip)

Date of Birth _____ Home phone _____

Parent name _____ Parent name _____

Business/ cell phone _____ Business/ cell phone _____

email address _____

Persons authorized to pick up child from school: (car pool, relatives, etc.)

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Two persons to contact in emergency if parents cannot be reached: **(full address required)**

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Physician/Clinic to call in case of illness or accident:

Name _____ Address _____ Phone _____

Source of dental care to call in case of emergency: (this info is required by state law)

Name _____ Address _____ Phone _____

(please complete reverse side)

Child's Previous school experience:

Please describe any special education or physical needs of your child.

My child's favorite activities are:

If my child is frustrated, he or she is likely to:

What strategies do you find most successful when your child is upset?

How do you hope school will benefit your child?

Please provide any additional information that would assist us in understanding your child.

Please list all adults and children residing in child's home: (include age and sex of children.)

Name	Relationship to child	Age	Sex
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(parent signature) _____