



### REGISTRATION APPLICATION

#### STUDENT INFORMATION:

Child's Name (First, Last): \_\_\_\_\_ Name Used: \_\_\_\_\_

Sex:  M  F Age as of Oct. 1: \_\_\_\_\_ Birthday (M/D/Y): \_\_\_\_\_

Home Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Elementary School: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ cell: \_\_\_\_\_ work: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ cell: \_\_\_\_\_ work: \_\_\_\_\_

#### MEDICAL CARE:

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any allergies or special health needs?  
(If Allergens, a Plan of Action form must be filled out –please contact us):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### PNS&K EDUCATIONAL PROGRAM:

Please indicate your class preferences below. Every effort will be made to accommodate your choices.

	<u>Class Offering</u>	<u>Age</u>	<u>Day and Time</u>
1st Preference:	_____	_____	_____
2nd Preference:	_____	_____	_____

Please circle your category: (1) Church Member (2) Currently Enrolled, Sibling, Alumni (3) TOPS (4) Open

How did you hear about PNS&K?  Friend  Neighbor  Realtor  Web  Other \_\_\_\_\_

My signature indicates my understanding of the Registration Process and the Non-refundable Application Fee.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_