



The Train Station Enrollment Application 2009

Child's name _____ Date _____

Address _____

Birth date _____ Sex: Male Female Phone (____) - _____

Desired Scheduled _____

(Please include start date, days of the week, and pick-up and drop-off times)

Will your child be napping _____ Yes _____ No

E-mail Address _____

Name of sibling _____ Age _____ Grade _____

Name of sibling _____ Age _____ Grade _____

Name of sibling _____ Age _____ Grade _____

Student resides with _____

Names

relationship

Father's Name _____ Occupation _____

Place of employment _____ Work Number _____

Cell phone _____ pager _____

Mother's Name _____ Occupation _____

Place of employment _____ Work Number _____

Cell phone _____ pager _____

Doctor's Name _____ Phone Number _____

Doctors Address _____

Emergency Numbers (in order of priority)

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

Does your child have any eating restrictions and/or allergies?

Does your child have any fears we should be aware of? (dogs, storms, etc.)

Does your child have any physical or emotional problems we should be aware of?

Tell us about your child.

How did you hear about our school?

Friends: _____

Brightmoor attendee: _____

Neighbors: _____

Flyer: _____

Yellow pages book: _____

Internet Yellow pages: _____

Internet search: _____

Other (please explain): _____