



ROBERT MULLER SCHOOL / CENTER FOR LIVING ETHICS

ENROLLMENT AND FAMILY INFORMATION

PLEASE PRINT CLEARLY AND NEATLY, THANK YOU!

Child's full name _____ M F Date of birth _____

Mother:

Father:

Name _____

Home address _____

Home telephone _____

Work telephone _____

Mobile telephone _____

Email _____

Occupation _____

Who should be contacted if parents are unavailable in an emergency:

1. Name _____ 2. _____

Home phone _____

Mobile phone _____

Relationship to child _____

List names and phone numbers of other adults permitted to pick up your child from school:

_____	_____
_____	_____
_____	_____

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Please list any hobbies, talents or interests that you are willing to share with the children:

Mother _____ Father _____

Grandparents / Caregiver _____

Describe your child's previous school / education experiences:

Provide any additional information that will help us get to know and understand your child:

Health information:

Please attach current immunization record or notarized exemption document.

Please attach signed and dated physician's statement of health from current year.

Does your child have any allergies, food intolerances, regular medications or other health concerns?

Permissions:

I (circle one) *give do not give* permission for my child to participate in school field trips.

I (circle one) *give do not give* permission for my child to be transported by school staff or parent volunteers.

I (circle one) *give do not give* permission for still photography, video and voice recording of my child for classroom use (not seen or distributed outside of school).

I (circle one) *give do not give* permission for still photography, video and voice recording of my child for public use on the school's website, on social media sites (such as the school's facebook page), and in print, radio or television media.

I have provided correct and current information and will inform the school's office of any changes to this information.

I have read and will abide by the school's Operational Guidelines (available at www.centerforlivingethics.org)

Parent's name _____

Parent's signature _____ Date _____