*To fill in digitally, download as a Word Document, type text on the lines, save file, and email to dseymour@tigertown.k12.mo.us.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student’s Name: |  |  | Birthdate: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |
| --- | --- |
| Mother’s/Guardian name: |  |

|  |  |
| --- | --- |
| Address (if different from above): |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Home phone number:  |  |  | Cell phone number: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer: |  |  | Work phone number: |  |

|  |  |
| --- | --- |
| Father’s/Guardian name: |  |

|  |  |
| --- | --- |
| Address (if different from above): |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Home phone number:  |  |  | Cell phone number: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer: |  |  | Work phone number: |  |

|  |  |
| --- | --- |
| Daycare provider: |  |

We will have a morning and afternoon option. Please choose your preference. **This does not guarantee you will get the option you choose.**

|  |
| --- |
| Morning 8:00 a.m. – 11:00 a.m. |[ ]
|  |  |
| Afternoon 12:00 p.m. – 3:00 p.m. |[ ]