

OAKHILL DAY SCHOOL  
REGISTRATION FORM (To be completed annually)

**Child's Information:**

Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
City \_\_\_\_\_

**Parent's Information:**

**Mother**

Name \_\_\_\_\_  
D/O/B \_\_\_\_\_  
Drivers License # \_\_\_\_\_  
Employer \_\_\_\_\_  
Work# \_\_\_\_\_  
Cell# \_\_\_\_\_  
Cell Phone Carrier \_\_\_\_\_  
Home# \_\_\_\_\_  
Email \_\_\_\_\_

**Father**

Name \_\_\_\_\_  
D/O/B \_\_\_\_\_  
Drivers License # \_\_\_\_\_  
Employer \_\_\_\_\_  
Work# \_\_\_\_\_  
Cell# \_\_\_\_\_  
Cell Phone Carrier \_\_\_\_\_  
Home# \_\_\_\_\_  
Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

Doctor Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Preferred Hospital \_\_\_\_\_ Medical Policy # \_\_\_\_\_

Allergies/Concerns: Please fill out attached FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

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**Pick-Up information:**

Listed below any person authorized to P/U your child

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

IN CASE OF AN EMERGENCY PLEASE TRANSPORT MY CHILD TO:  
(INCLUDE NAME AND ADDRESS OF PREFERRED HOSPITAL)

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Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of School your child will be attending the upcoming School year.: \_\_\_\_\_  
Grade \_\_\_\_\_

I give Oakhill Day School permission to transport my child to and from field trip locations and to and from school. YES \_\_\_\_\_ NO \_\_\_\_\_ and supervised water activities: YES \_\_\_\_\_ NO \_\_\_\_\_

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_  
Enrollment Paid \_\_\_\_\_ Start Date \_\_\_\_\_