

# ENROLLMENT FORM

For 2024-2025



## CHILD'S INFORMATION

**Full Name** :

**Date of Birth** :    **Gender** :   
Month Day Year

**Medications** :

**Allergies** :

**Please list any dietary restrictions or preferences:**

**Days Attending** :  Monday  Tuesday  Wednesday  Thursday  Friday

## PARENTS INFORMATION

**Name Parent 1** :

**Address** :

**Email** :  **Phone #** :

**Name Parent 2** :

**Address** :

**Email** :  **Phone #** :

**Parent Responsible for payment** :



LEARNING NEEDS

Does your child :  
have any special  
learning needs?

How does your :  
child like to  
learn best?

What does your :  
child LOVE to  
do/play/create?

When is your :  
child most  
engaged, joyful,  
focused, and  
thriving?

What are some :  
priorities for  
your child's  
education?

What are your :  
family's  
priorities for  
developing the  
whole child?

What kind of :  
involvement  
does your family  
wish to have  
with our  
program?



LEARNING NEEDS CONTINUED

Does anyone in :  
your family have  
skills, talents, or  
knowledge they  
would like to  
share on a  
regular or  
special occasion  
basis?

Empty light blue box for response.

Is there :  
anything else  
you want us to  
know about  
your child or  
family?

Empty light blue box for response.

PHOTO/VIDEOS

Can we use  
photos/videos  
of your child in  
promotional  
materials?

- Yes
- Group Shots Only
- No



**EMERGENCY CONTACTS**

Name :

Relationship :  Phone # :

Name :

Relationship :  Phone # :

Name :

Relationship :  Phone # :

**MEDICAL RELEASE**

It is understood that consent is given in advance of any emergency, diagnosis or treatment required while the student is participating in Rising Moon Meadow's learning center and activities associated. This medical release form authorizes designated personnel to exercise their best judgement should action be warranted to ensure student's safety, life and health.

Please describe any special beliefs, situations, and information you would want us to know in the case of a medical emergency :

Any additional comments :

Name of Guardian or Parent :

Signature :  Date :