

HORACE MANN ELEMENTARY SCHOOL
EARLY BIRD REGISTRATION FORM

CHILD'S NAME: _____

CHILD'S ADDRESS: _____

DATE OF BIRTH: _____ AGE: _____

GRADE: _____ TEACHER(s): _____

PARENT(S) NAME: _____

PARENT(S) ADDRESS: _____

PARENT(S) HOME PHONE: _____

MOTHER'S CELL PHONE: _____ WK #: _____

FATHER'S CELL PHONE: _____ WK#: _____

IF PARENT CANNOT BE REACHED BETWEEN 7:15 AND 8:20 AM, PLEASE CALL:

NAME: _____

ADDRESS: _____

PHONE: _____ RELATIONSHIP TO CHILD: _____

ADDITIONAL COMMENTS:

SPECIAL MEDICAL NOTES:

FULL MEDICAL RECORDS AND ADDITIONAL EMERGENCY INFORMATION IF NEEDED, ARE
AVAILABLE IN THE SCHOOL OFFICE.

PLEASE CHECK OFF DAYS THAT YOUR CHILD WILL REGULARLY ATTEND THE PROGRAM:

MONDAY: _____ TUESDAY: _____ WEDNESDAY: _____ THURSDAY _____ FRIDAY _____

EMERGENCY DROP-OFF ONLY: _____