



DSP ACADEMY
100 S. Canyonwood Drive
Dripping Springs, TX 78620
Phone: 512-858-1788

PRESCHOOL ENROLLMENT FORM
2009-2010 School Year

To enroll your child in the preschool program, please complete this form and return it to the preschool office along with the following:

- o Immunization Record
- o Non-Refundable Registration Fee of \$50 and Deposit of \$100

STUDENT INFORMATION

Last Name: _____ First Name: _____
Birth Date: _____

FAMILY INFORMATION

Mother's Name: _____ Father's Name: _____
Mother's Work Phone: _____ Father's Work Phone: _____
Mother's Cell Phone: _____ Father's Cell Phone: _____
Home Phone: _____
Mother's e-mail: _____
Father's e-mail: _____
Home Street Address: _____
City: _____ State: _____ Zip: _____

EMERGENCY CONTACT INFORMATION

Additional Contact, in case parents are not available: _____
Relationship to Student: _____
Home Phone: _____ Work/Cell Phone: _____
Student's Physician Name: _____
Student's Physician Phone: _____
Hospital where Student should be taken if Parent and Physician are unavailable:

MEDICAL INFORMATION

- Allergy to food(s): _____
- Allergy to medicine(s): _____
- Asthma
- Epilepsy
- Heart Problems
- Other: _____

Please provide any additional instructions or information on a separate attachment.

In case of an accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician listed above and to follow his/her instructions. If it is impossible to contact the physician, the school may take necessary arrangement to ensure the Student's safety.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

PERMISSION TO PICK UP

Friends/Relatives with permission to pick up and/or care for your child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

How did you hear about DSP Academy? _____

Signature of Parent or Guardian completing this form:

Date: _____