



**ELEMENTARY PROGRAMS ENROLLMENT APPLICATION:**

Application Date \_\_\_\_\_

Desired Date of Enrollment \_\_\_\_\_

Name of Child \_\_\_\_\_ Birth date \_\_\_\_\_  
(Last) (First) (MI) (Nickname)

Address \_\_\_\_\_ Zip \_\_\_\_\_

Days and times of enrollment \_\_\_\_\_ Expected tuition \_\_\_\_\_

**FAMILY INFORMATION:**

Mother's/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Where Employed \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone or Other Contact No. \_\_\_\_\_ Email \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Where Employed \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone or Other Contact No. \_\_\_\_\_ Email \_\_\_\_\_

If parents are separated, divorced, or otherwise not living together what arrangements exist for the child/family/parents: \_\_\_\_\_

**Additional Info**

**Last grade completed** \_\_\_\_\_ **Entering Grade** \_\_\_\_\_ **in Fall 201** \_\_\_\_\_

\*Please attach transcripts for completed grades K -5 if you are new to OCCS

Please give any information concerning your child which will be helpful in his or her experience in school (such as areas of interest, strengths, previous challenges, aversions, etc.)

\_\_\_\_\_  
\_\_\_\_\_

What are some your child's past experiences in preschool, school, or group settings?  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's strengths and interests:  
\_\_\_\_\_  
\_\_\_\_\_

What are your goals for your child for this school year? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CARE INFORMATION:**

Name of Child's Doctor \_\_\_\_\_ Office Phone \_\_\_\_\_

2204 Joan Avenue \* Greensboro \* North Carolina \* 27455 \* 336.282.3332\*www.occsgreensboro.org



Address \_\_\_\_\_  
Name of Child's Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Hospital Preference \_\_\_\_\_

Allergies: Yes \_\_\_ No \_\_\_

Special Needs/ Special Considerations/ Recommended Accommodations/ Identified Disabilities:

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contacts: (Please list relationship)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_ Relation to  
child \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_  
Relation to child \_\_\_\_\_

My child can be released to the following people:

\_\_\_\_\_  
\_\_\_\_\_

(Name) (Phone)

I agree that the representative of OCCS may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

\_\_\_\_\_  
(Signature of Parent/ Guardian)

\_\_\_\_\_  
(Date)

**Additional interests/ recommendations/ ideas:**

\_\_\_\_\_

**Withdrawal Agreement: (Applications will not be processed without your signature)**

Elementary Program families are enrolled for the entire year and responsible for tuition during the entire school year. Enrollment agreements will be issued prior to the beginning of the school year. Enrollment is considered complete when a signed enrollment agreement is received.

\*\*\*I have read and understand the policy for enrolling a child in the OCCS elementary program.

Signature of parent/ legal guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/ legal guardian \_\_\_\_\_ Date \_\_\_\_\_