



# Biscayne Park School & Early Learning Center

## Early Arrival Registration

**Student's Name:** \_\_\_\_\_ **Childs Teacher:** \_\_\_\_\_

**Lives with:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Emergency Phone Numbers:**

**Mom Work** \_\_\_\_\_ **Mom Cell** \_\_\_\_\_

**Dad Work** \_\_\_\_\_ **Dad Cell** \_\_\_\_\_

**Additional Emergency Contact if parents are unreachable this person is authorized to remove your child from school.**

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Persons authorized to remove child from school at any time.**

\_\_\_\_\_

**Please list any special needs, food allergies, medical problems, etc. that we may need to be aware of**

\_\_\_\_\_

\_\_\_\_\_

### Change of schedule

Changes are gladly accommodated as enrollment capacity permits. All schedule changes and corresponding tuition adjustments will be reflected in the next month's tuition bill.

I acknowledge and understand the above rules.

**Parent's Signature:** \_\_\_\_\_