



OFFICE USE Only:
Date (mm/dd/yy) of:
Contract: _____
Enrollment: _____

Enrollment Form

Academic Year: __2017-2018__ __2018-2019__ __2019-2020__

Grade Child is enrolling in (check one):

Preschool____ K____ 1st____ 2nd____ 3rd____ 4th____ 5th____

Child's Name _____
First Middle Last

Date of Birth ____/____/____

Name by which child is most frequently called /prefers to be called:

Parent/Guardian 1: Email: _____

Name: _____
First Middle Last

Address _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone (____) _____ **Cell Phone** (____) _____

Work Phone (____) _____

Employer Name: _____

Parent/Guardian 2:

Email: _____

Name: _____
First Middle Last

Home Phone (____) _____ Cell Phone(____) _____

Work Phone (____) _____

Employer Name _____

Address _____ City _____ State: _____ Zip _____

Best phone number to reach you at during the hours your child is at Bixby:

Parent's or Guardian's 1 Name _____

Parent's or Guardian's 2 Name _____

Phone Number (____) _____

Medical Information:

Does your child have any allergies? (If yes. Please list allergens and your child's reaction/symptoms)

Yes _____ No _____

Allergens:

Reactions/Symptoms:

In the event that neither parent/guardian can be reached in an emergency, list two local contacts:

Contact 1: Name: _____ Address: _____	Hm _____ Wk _____ Cell _____
Contact 2: Name: _____ Address: _____	Hm _____ Wk _____ Cell _____

People authorized to pick up (other than parents/guardians):

Name	Phone Number

Medical and Insurance Providers:

Child's Doctor _____ Phone(____)_____

Doctor's Address _____ City _____ State _____

Child's Dentist _____ Phone(____)_____

Dentist's Address _____ City _____ State _____

Preferred Hospital: _____

Address: _____ Phone: (____)_____

Medical Insurance Company: _____ Group#

_____ Subscriber# _____

Policy Holder Name: _____

Family Information:

Children's Names	Age	Gender

List other Adults in Family (not previously listed):

Adults' Names	Relationship to Child

If the social/emotional and developmental information you provided previously on the application form has changed or if you would like to share more about your child's likes/dislikes/ strengths and opportunities for growth, please take a moment to do so below. If the application was filled out more than 3 months ago, please take a moment to provide us with updated observations/information in these areas.

Sensitive to others emotions, will sometimes cry if others cry, can see emotion in your face. Enthralled with older kids, alone and with others loves building legos and magnet tile things, books, telling stories. Loves running outside, playing games at playground, doesn't like crying and screaming or loud noises. Afraid of nordic ski trail groomer "the groomer" and says she has bad dreams sometimes about a blue duck.

With some regular contact with others, I think she will learn to make friends and see rewards and responsibility of friendship. She has fun with her cousins AJ, 6, and Maya, 3 months older than she is. Also, she loves to be around others and understand all adult conversatoin, so we end up paraphrasing things for her and including her in our discussion, for better or worse :) Also, we teach when the magnet tiles fall down to "build them back up better than before," and think she can learn some preserverance and to keep trying as well if given the space and seeing the example of older kids.

Parent/Guardian 1 Signature _____ Date _____

Parent/Guardian 2 Signature _____ Date _____

Please deliver, mail, email or fax completed form to:

Bixby School

4760 Table Mesa Drive, Boulder, CO 80305

Phone: (303) 494-7508 Fax: (303) 494-7519

Email: office@bixbyschool.org

www.bixbyschool.org