



## The Train Station Enrollment Application fall 2020

Child's name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Birth date \_\_\_\_\_ Sex: Male Female Phone (\_\_\_\_) - \_\_\_\_\_

Desired Scheduled \_\_\_\_\_  
(Please include, days of the week, and pick-up and drop-off times)

Is your child toilet trained \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, are you in the process of toilet training? \_\_\_\_\_

How can we help the process? \_\_\_\_\_

Start Date Desired \_\_\_\_\_

Name of sibling \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name of sibling \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name of sibling \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Student resides with \_\_\_\_\_  
Names relationship

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Place of employment \_\_\_\_\_ Work Number \_\_\_\_\_

Cell phone \_\_\_\_\_ e-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Place of employment \_\_\_\_\_ Work Number \_\_\_\_\_

Cell phone \_\_\_\_\_ e-mail \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Emergency Numbers (in order of priority)

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Does your child have any eating restrictions and/or allergies?

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What is your child's favorite food?

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Does your child have any fears we should be aware of? (dogs, storms, etc.)

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Does your child have any physical or emotional needs we should be aware of?

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Tell us about your child.

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How did you hear about our school?

Friends: \_\_\_\_\_

Brightmoor attendee: \_\_\_\_\_

Yellow Pages book: \_\_\_\_\_

Internet search: \_\_\_\_\_

Other (please explain): \_\_\_\_\_