

2024-2025 Falcon Landing Enrollment/Data Form

Homeroom _____

Grade _____

Please mark the program you wish your child to attend

_____ *Before School-7:00-8:45*

_____ *After School 4:00-6:00*

_____ *Both Before & After*

Full Name: _____

First

Middle

Last

Birth Date: ____ - ____ - ____ *Male* ____ *Female* ____

Resident Address: _____

Street

City

State

Zip

Parents(s)/ Legal Guardian(s) living with student

1. Parent/Guardian Name _____
First Middle Last

Relationship to student _____

Cell(____) _____ Home(____) _____ Work(____) _____

Email address _____

2. Parent/Guardian Name _____
First Middle Last

Relationship to student _____

Cell(____) _____ Home(____) _____ Work(____) _____

3. Email address _____

Emergency Contacts_(Please list in order that they are to be contacted and will also have permission to pick up your child at the end of the session.)

Name and relationship to student

Home

Cell

Work

_____ - _____ (____) _____ (____) _____ (____) _____

_____ - _____ (____) _____ (____) _____ (____) _____

_____ - _____ (____) _____ (____) _____ (____) _____

ALLERGIES: _____