



The Train Station Enrollment Application 2022/2023

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)

Do you want your child to take a nap _____ Yes _____ No

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?

What is your child's favorite food?

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

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

Tell us about your child.

How did you hear about our school?

Friends: _____

Brightmoor attendee: _____

Yellow Pages book: _____

Internet search: _____

Other (please explain): _____