

Tele: 845-562-3711

Fax: 845-562-2222

info@windsoracademy.org



www.windsoracademy.org

REGISTRATION INFORMATION 2021-2022

Last Name _____ First _____

Birthdate (month/day/year) _____

Local School District _____ Grade or Program as of September _____

Public School (if applicable) _____

Home Address _____

Home Telephone Number(s) _____

***Please be sure e-mails and cell numbers are legible.**

Parent's Name _____ Parent's Name _____

Cell Phone _____ Cell Phone _____

E-mail _____ E-mail _____

Occupation _____ Occupation _____

Business Address _____ Business Address _____

Business Phone _____ Business Phone _____

Any other adults who live in the home (step-parent, significant other, etc.):
_____ Occupation/telephone# _____

Brothers and Sisters/ages: _____

EMERGENCY CONTACTS AND TELEPHONE NUMBERS: (In case of an emergency, **there must be a local contact person** who can pick up your child.)

***Does your child have any specific medical, physical, or emotional problems we should know about? (include allergy information)**_____

Is your child now receiving any special services? (Specify which ones)_____

Is your child classified through Early Intervention, CSE or CPSE_____

Religious observance restrictions (dietary, holidays, etc.)_____

Any languages besides English spoken in the home_____

A \$25.00 deposit for each security key is required (no key for UPK families).

***An updated Immunization record and indication of your child's most recent Physical is required.** Please be sure both are signed and dated by the doctor. No child will be permitted to enter school in September without both documents in place.

A school handbook with tuition policy statement is available on our website.(hard copies are available upon request) You will be asked to sign a Consent and Release form (contract) indicating that you have read and accept the policies and procedures at the Windsor Academy.

The Student Information Form and the Daycare Registration Form needs to be submitted.

The following people are given permission to pick up my child from school:

Name	Relationship	Telephone #
------	--------------	-------------

****Photocopies of parents' driver's licenses required.**

****Photocopies of licenses for all other adults authorized to pick up your child are also required.**

I have read all the information in this registration form and will comply with all the requirements.

Date: _____

****Parent/Guardian Signature:**
