

Cibola House School Application

About Your Child

Your Child	
Today's Date	
Student's Full Name	
Nickname/Preferred Name (if applicable)	
Gender	Male Female
Child's Age (If your child is under 3, let's talk about it!)	
Child's Date of Birth	

Please check the program you would prefer.

- School Day 9:00 am- 3:00 pm
- Half Day 9:00 am - Noon
- Extended Day 8:00 am -5:30 pm
- Early Bird 8:00 am- 3:00 pm
- Afternoon Adventures 9:00 am- 5:30 pm

How did you hear about Cibola House School?

- Sign
- Word of Mouth (from a friend ect.)
- Internet
- Brochure or Ad

About The Parents or Guardians

Parent/Guardian #1	
Full Name	
Home Address	
City	
State	Zip
Home Phone	
Cell Phone	
Work Phone	
Email Address	

Employer	
Address	
City	
State	Zip

Parent/Guardian #2	
Full Name	
Home Address	
City	
State	Zip
Home Phone	
Cell Phone	
Work Phone	
Email Address	

Employer	
Address	
City	
State	Zip

Household Information

Physician's Name	
Physician's Phone Number	
Overall Health If your child has any known handicaps, health or behavioral issues, please explain:	
Allergies - please include all allergies to medication, food, plants, animals, and seasonal allergies (If your child requires an EpiPen, please provide the school with one and fill out an Administration of Medication Form)	
Child's Behavior Please advise us of any situation involving home/ family that might affect your child's behavior at school.	

Parent/Guardian Name	
Parent/Guardian Signature	
Date	