

## Challenge School Enrollment Form

Student's Name	M F	D. O. B	Student's Name	M F	D. O. B
Day School		Grade	Day School		Grade
Father's Name/Guardian			Mother's Name/Guardian		
Phone (Day)		Phone (Evening)			
Email Address					
Home Address					
Emergency Contact	Name		Phone		
Family Physician			Phone		
Prefered Hospital			Phone		
Health insurance company			Policy #		
Important mediacal limitations and special conditions(allergies to medicine or food, Asthma etc.)					

Challenge could order lunch from individual food services for students, we hold no responsibility for the quality of the food.

I hereby allow my child(ren) to participate in Challenge School program(s): transportations to Challenge school and / or field trips.

I authorize the school and its staff members to take full charge of any emergency that may possibly occur. I will not hold the Challenge School, classroom providers, or any staff member liable in case of accidents or injuries.

I agree with Challenge School's financial policy.

\_\_\_\_\_

(Signature of parent or guardian)

\_\_\_\_\_

(Date)

For school only

Date:

Start School on: \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_

App. Complete \_\_\_\_\_ Signature of Person Reciving Application \_\_\_\_\_