

# Parker Preparatory Academy

## 2025-2026 Registration Form Kindergarten, 1st Grade & 2nd Grade

**STAFF ONLY:** Date Forms Received: \_\_\_/\_\_\_/\_\_\_ Date Registration Fee Received: \_\_\_/\_\_\_/\_\_\_ Date of Withdrawal: \_\_\_/\_\_\_/\_\_\_  
This form shall be maintained for one year after date of withdrawal.

### CHILD'S INFORMATION

**Child's Full Name:** \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age by June 15, 2024: \_\_\_\_\_  
Name the Child Goes By: \_\_\_\_\_ Street Address: \_\_\_\_\_  
Gender:  Male  Female  Other City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

<b>Parent/Guardian's Name:</b> _____	<b>Parent/Guardian's Name:</b> _____
Relationship to Child: _____	Relationship to Child: _____
Street Address: _____	Street Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Cell Ph: _____ Home Ph: _____	Cell Ph: _____ Home Ph: _____
Employer: _____	Employer: _____
Position/Title: _____	Position/Title: _____
Work Hours: _____ Work Ph: _____	Work Hours: _____ Work Ph: _____
Email Address: _____	Email Address: _____

### EMERGENCY CONTACTS

Please list any additional emergency contacts authorized to act for the parents/guardians in an emergency:

<b>Name:</b> _____	<b>Name:</b> _____
Relationship to Child: _____	Relationship to Child: _____
Cell Ph: _____ Home Ph: _____	Cell Ph: _____ Home Ph: _____

### PICK-UP AUTHORIZATION

Please list any additional contacts, other than the parents/guardians and emergency contacts, authorized to pick-up your child:

<b>Name:</b> _____	<b>Name:</b> _____
Cell Ph: _____ Home Ph: _____	Cell Ph: _____ Home Ph: _____
<b>Name:</b> _____	<b>Name:</b> _____
Cell Ph: _____ Home Ph: _____	Cell Ph: _____ Home Ph: _____

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### CHILD'S MEDICAL INFORMATION

Does your child have any medical condition(s) that requires ongoing care?  Yes  No

If yes, please explain what type of care is administered at home and by whom: \_\_\_\_\_

\_\_\_\_\_

Are you requesting that this care be provided at the facility?  Yes  No

If yes, describe the care required: \_\_\_\_\_

\_\_\_\_\_

List any allergies, indicating the severity (foods, medications, seasonal, etc.): \_\_\_\_\_

\_\_\_\_\_

Does your child require an EpiPen?  Yes  No If yes, for what? \_\_\_\_\_

List any medications your child is currently taking and the dosage: \_\_\_\_\_

\_\_\_\_\_

Anything else we should know? \_\_\_\_\_

\_\_\_\_\_

Name of Pediatrician: \_\_\_\_\_ Doctor's Office: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

# *Parker Preparatory Academy*

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**Financial Information 6:00 a.m.-6:00 p.m.**

## **Kindergarten Fees**

**Kindergarten Registration Fee \$100**

**Kindergarten Curriculum Fee \$250**

**Kindergarten \$570 per month Aug-May**

**School Hours 7:45 a.m.-3:00 p.m.**

## **First and Second Grade Fees**

**Registration Fee \$ 200**

**Curriculum Fee \$350**

**Tuition \$620 per month Aug-May**

**First and Second Grade Before and After Care**

**6:00 a.m.-7:45 a.m. and 3:00 p.m.-6:00 p.m.**

**\$40 per week**

**Before and After Care is located in Loving Kids Learning Center**