

ENROLLMENT FORM

For 2025-2026



CHILD'S INFORMATION

Full Name :

Date of Birth : Gender :
Month Day Year

Medications :

Allergies :

Please list any dietary restrictions or preferences:

Days Attending : Monday Tuesday Wednesday Thursday Friday

PARENTS INFORMATION

Name Parent 1 :

Address :

Email : Phone # :

Name Parent 2 :

Address :

Email : Phone # :

Parent Responsible for payment :



LEARNING NEEDS

Does your child :
have any special
learning needs?

Light blue rectangular area for response.

How does your :
child like to
learn best?

Light blue rectangular area for response.

What does your :
child LOVE to
do/play/create?

Light blue rectangular area for response.

When is your :
child most
engaged, joyful,
focused, and
thriving?

Light blue rectangular area for response.

What are some :
priorities for
your child's
education?

Light blue rectangular area for response.

What are your :
family's
priorities for
developing the
whole child?

Light blue rectangular area for response.

What kind of :
involvement
does your family
wish to have
with our
program?

Light blue rectangular area for response.



LEARNING NEEDS CONTINUED

Does anyone in :
your family have
skills, talents, or
knowledge they
would like to
share on a
regular or
special occasion
basis?

Empty light blue box for response.

Is there :
anything else
you want us to
know about
your child or
family?

Empty light blue box for response.

PHOTO/VIDEOS

Can we use
photos/videos
of your child in
promotional
materials?

- Yes
- Group Shots Only
- No



EMERGENCY CONTACTS

Name :

Relationship : Phone # :

Name :

Relationship : Phone # :

Name :

Relationship : Phone # :

MEDICAL RELEASE

It is understood that consent is given in advance of any emergency, diagnosis or treatment required while the student is participating in Rising Moon Meadow's learning center and activities associated. This medical release form authorizes designated personnel to exercise their best judgement should action be warranted to ensure student's safety, life and health.

Please describe any special beliefs, situations, and information you would want us to know in the case of a medical emergency :

Any additional comments :

Name of Guardian or Parent :

Signature : Date :