

Hilldale School 2016-2017 **Registration Information**

79 Florence Street, Daly City, CA 94014 Website: <u>www.HilldaleSchool.org</u> (650) 756-4737

GENERAL INFORMATION

Because phone numbers and jobs change, our emergency information sometimes gets out of date. We request your cooperation in making certain that the information we have is current. *Please complete the following information even if there have been no changes*. If changes should occur during the year, please notify the school office. Thank you.

Please pr	int clearly:
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Child's Name (Last)	(First)		(Preferred Name)	
Address:			// (Birthdate)	Male/Female
~				(Circle one)
City:	Zip:		Home Phone:	
E-mail(s) for school communic	ations:		(Pleas	e print very clearl
			(Pleas	e print very clearly
\square I have made changes to the abo	ve section since last year.	☐ My family i	s new to Hilldale.	
Parent One Name:	Gender	Work Location ar	nd Phone:	
Cell:		_ e-mail:		
Parent Two Name: GenderWork Location and Phone:				
Cell:		_ e-mail:		
\square I have made changes to the above	e above section since last year. $\Box My$ family is new to Hilldale.			
Please indicate if either parent's	s address differs from that of the	child:		
Parent 1 Parent 2 Address: Phone: Phone:				
□ I have made changes to the above section since last year.		☐ My family i	\square My family is new to Hilldale.	
I understand that both par Initial	rents must inform the school of an	y changes to address, j	phone, or e-mail during th	e year.
	ALLERGIES & EME		TACTS	
Emergency Contacts (Relativ	ves or Friends) to be contacted	d in the event that p	parents are unreachable	:
Name:	Relationship:	Ce	ll Phone:	
Name:	Relationship:	Ce	ll Phone:	
Allergies:				

EMERGENCY ROOM PERMISSIONS

I give my consent for Hilldale School to obtain emergency medical or dental care for my child.

(Parent/Guardian's Signature)

(Parent/Guardian's Signature)

EXTENDED CARE INFORMATION

(Date)

(Date)

Children who are on our grounds before 8:20 a.m. must be signed in for morning extended care by a parent/guardian in order to be safely accounted for; similarly, children who remain on campus after 3:40 are automatically enrolled in our afternoon extended care program and must be signed out by an authorized person unless we receive other written instructions for release from the parent/guardian.

Please identify any person(s) other than the parent(s) who is/are authorized to pick up your child:

Name:	Relationship:	Contact info:
Name:	Relationship:	Contact info:
Name:	Relationship:	Contact info:

I acknowledge that my child may only be picked up by a parent/guardian or by an individual for whom Hilldale School has a release form on file.

All persons may be required to show photo identification at the time of pick up.

(Date)

AUTHORIZATION FOR RELEASE OF ADDRESS AND CONTACT INFORMATION

The Hilldale School Parent Directory is for the use of the Hilldale family only and may not be used for unrelated purposes.

We ____would ____would not like to be included in the Hilldale School Parent Directory. If there are specific requests, please

state here: _____

AUTHORIZATION FOR USE OF PHOTOS

I hereby give Hilldale School (Pinnacle Schools LLC) permission to allow school or professional photographers to take pictures or film of my child. I understand that this may also include parents from the school taking pictures at school parties or special events, and that some of these photos will be used on Hilldale School display boards and website pages.

YES My child *may* be photographed.

NO My child *may not* be photographed.

MAYBE Please specify below:

As a non-religious school, Hilldale School welcomes students of all races, religions, and national or ethnic origins. Families come in many variations, and Hilldale welcomes all who qualify academically.