



**Towne Lake Academy
Registration Form**

Student Information

Child's Legal Name: _____ Name Called: _____
Date of Birth: _____ Gender: M F Home Phone Number: _____
Home Address: _____ City: _____
State: _____ Zip: _____ Allergies and/or Special Needs: _____

Parent/Guardian Information

Mother's Name: _____ Legal Guardian: Yes No
Employer: _____ Work Phone Number: _____
Home Phone Number: _____ Cell Phone Number: _____
E-Mail Address: _____
Father's Name: _____ Legal Guardian: Yes No
Employer: _____ Work Phone Number: _____
Home Phone Number: _____ Cell Phone Number: _____
Email Address: _____

Enrollment Information

Classroom: Infants Jr. Toddlers Sr. Toddlers Pre-K 3 Private Pre-K 4 Private Pre-K 5 School Age
Status: Full-time Part-time Days Student Will Be Attending: _____
Student's First Day: _____
Tuition: Weekly: \$ _____ Monthly: \$ _____

Administrative Use Only

Registration Fee Paid: \$ _____ Initial Credit Card Set Up Fee Paid: \$ _____
Method of Payment: Cash Credit Card Check: # _____
Accepted By: _____ Date: _____