SCHOOLS PREVIOUSLY ATTENDED		Number years
_		Number years
HEALTH INFORMATION		
Physician's Name		Phone
Specific health problems or allergies		
Does KCDS have permission to provide emerge	ency first aid?	NOT PROVIDE FIRST AID.
EMERGENCY CONTACTS		
Please provide the names and phone number if necessary, when neither parent can be read	·	greed to be contacted
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone
SCHOOL PICK-UP AUTHORIZATION		
Please list the names and relationships of per	sons, other than parents, who are a	illowed to pick-up your child from school.
Name	Relationship	Phone
Name		
Name		
Name		
FIELD TRIP AUTHORIZATION		<del></del>
your child on field trips? (Generally, children under	e parents. Should we fail to reach e	either parent, do we have your permission to take e school grounds.)
ENROLLMENT POLICY		
May guarantee deposit is due by May 1st. After placement. The May guarantee deposit shall be deposit cannot be applied to any other month of	er May 1st, the May guarantee depo e equal to one installment of your tu ther than May and is only applied fo	non-refundable registration fee. A non-refundable osit is due at time of registration in order to guarante ition for the coming school year. The May guaranter continuous enrollment of that school year.  fice before your child can begin attending classes.
I hereby GIVE DO NOT GIVE perm	ission for our name, address, and phon	ne number to be published in the Kachina Directory.
I have received a copy of the and, understand them, include	KCDS Policies and Procedures and ding the school's policies regarding	
		onth regardless of date or receipt of statement. I e due date and a \$35 fee will charged for all