Application for Admission
Rome First School

202 East Third Avenue, Rome, Georgia 30161 (706) 291-9331

Child's Full Name _____ Name Called _____ Sex ___ Date of Birth _____

Street Address _____ City/State/Zip _____

Mother's Name _____ Father's Name _____

Employer/Occupation _____ Employer/Occupation _____

e-mail address _____ e-mail address _____

Home Phone Number _____ Home Phone Number _____

Daytime/Cell Phone Number _____ Daytime/Cell Phone Number _____

Name and Ages of Siblings _____

Name and Phone Number of Pediatrician _____

Please list medical conditions, allergies, or other information that we may need to know regarding your child:

_____

Please list names and phone numbers of emergency contacts and people who may pick up your child.

1._____

2._____

3._____

Church Affiliation (not required): _____

In the event my child should require emergency medical attention and either parent cannot be contacted, I hereby give the staff of Rome First School my permission to obtain such medical attention or treatment deemed necessary. I hereby give permission for the staff and volunteers at Rome First School to take my child on field trips while he/she is in the program. I assume responsibility for providing a suitable child safety seat for my child to use on field trips.

Date _____ Parent Signature _____