



Application for Enrollment – School Age

Child Information

Child's name: _____ Preferred Name: _____

Grade: _____ Age: _____ Date of Birth _____ / _____ / _____

Telephone: _____

Address _____ City _____

State _____ Zip _____

Please send a current picture of your child to srkauffman@cougarsccs.com

Parent/Guardian (1st contact in case of illness/emergency)

Name _____ Phone _____

Address: _____ City _____

State _____ Zip _____

Email _____

Responsible for tuition payment: yes _____ no _____

Parent/Guardian

Name _____ Phone _____

Address: _____ City _____

State _____ Zip _____

Email _____

Responsible for tuition payment: yes _____ no _____

Family Information

Child lives with () Both parents () Mother () Father () Guardian
() Stepmother () Stepfather () Grandparent

Allergy Alert:
(Details on Reverse)

