

Santa Fe Day School Enrollment

Enrolling for: _____ Fall 25/Spring 26

_____ All 3 days _____ 2 days (T/Th) _____ 1 day (Wed.)

Name: _____ **Date of Birth:** _____

Address: _____ **Zip Code** _____

Home ph#: _____ **Email address:** _____

How did you hear about us? _____

Contact Information

Mother's Name

Occupation

Cell phone

Work number

Father's Name

Occupation

Cell phone

Work number

Others to have permission to pick up my child

Name

Relation

Name

Relation

Emergency Contacts (other than parents)

Name

Relation/Phone number

Name

Relation/Phone number

Parent's Signature

Date

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For office use only:

\_\_\_\_\_  
Enrollment Fee  
\_\_\_\_\_  
Photo Consent  
\_\_\_\_\_  
Handbook Ack.  
\_\_\_\_\_  
Sibling enrolled  
\_\_\_\_\_  
Class Placement

\_\_\_\_\_  
EMT Form  
\_\_\_\_\_  
Health Policy  
\_\_\_\_\_  
Shot Record  
\_\_\_\_\_  
Start Date  
\_\_\_\_\_  
W/D Date