

# Hightown Academy

3926 - 28<sup>th</sup> Avenue  
Northport, AL 35473  
(205) 333-0664

## 2009-2010 REGISTRATION APPLICATION

Child's Name \_\_\_\_\_ Goes by \_\_\_\_\_

Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Age on 9/1/09 \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Employed by \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Employed by \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Names and ages of other children \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Family Church \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

List Allergies \_\_\_\_\_

Persons IN TOWN (other than parents) to call in event of accident or illness at school:

\_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Do we have your permission to call your physician if we cannot reach parents? \_\_\_\_\_

Please list child's likes, dislikes, fears, pets, and comfort items: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you hope your child will gain from attending Hightown Academy? \_\_\_\_\_

\_\_\_\_\_

Other comments/concerns/or information you think we should know: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following people are authorized to pick my child up from Hightown Academy:

Name	Phone Number	Relationship <small>(aunt, uncle, friend, etc.)</small>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE ATTACH A REGISTRATION FEE OF \$40.00 TO COMPLETE THE APPLICATION.  
(REGISTRATION FEES ARE NONREFUNDABLE)

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**For Office Use Only:**

Official Registration Date: \_\_\_\_\_

Official Start Date: \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_