



IMAGINARIUM
PREPARATORY
SCHOOL
INSPIRING MINDS

Imaginarium Preparatory School

Student Registration Form

Child's Information

Full Name

Address

Religion

DOB

Place of Birth

Gender: ☐ Male ☐ Female

Child Lives With: ☐ Both Parents ☐ Mother ☐ Father ☐ Other:

Allergies/ Medical Conditions: (Including but not limited to Developmental Delays, Cognitive Disabilities, Chronic Conditions or any other Cognitive, Physical or Emotional Issues)

Has your child attended daycare/school before? ☐ Yes ☐ No

If Yes, please state where they attended

And how long they attend?

Do you give consent to media of your child being published on the school's website and social media platform? ☐ Yes ☐ No

Which program are you registering the child for?

- ☐ Preschool
- ☐ Preschool - Special Ed
- ☐ Primary School - Special Ed

Parental Information

Mother's Name

Contact #

Occupation

Email Address

Address

(if different from child)

Father's Name

Contact #

Occupation

Email Address

Address

(if different from child)

Authorized Pickup Information

Name Of Authorized Person	Relationship To Child	Contact #

Emergency Contact Information

Name Of Emergency Contact	Relationship To Child	Contact #

This list entails trusted people that can be contacted when the child's guardian/s are unreachable. Please note that the people aforementioned are the ONLY adults other than the child's guardian/s that we will allow said child to leave the school's compound with. A copy of a form of identification for ALL ADULTS

Registration Policy

Please read the following carefully

Please be aware that Imaginarium Preparatory School does **NOT** cater to students who:

- Are aggressive or a danger to themselves or others
- Require physical restraint
- Have been diagnosed with emotional disturbances
- Have been suspended or dismissed from another school within the past 6 months for behavioral reasons
- Require a restrictive facility

I understand that there is a non-refundable registration fee upon signing this form.

Enrollment of the child will begin **ONLY** upon payment of the tuition as outlined by the school.

Parent's name: _____

Date: ____/____/____

Parent's Signature: _____

Principal's Signature: _____

Official Use Only

Documents Submitted Checklist	
	Copy of Child's Birth Certificate
	Copy of Child's Updated Immunization Records
	Copy Of Parent's Identification
	Copy of Parent's Proof of Address
	Passport Size Photo