

# West Michigan Academy of Arts & Academics

*Touching hearts ... Reaching minds*

## PRESCHOOL Registration Information

← Please PRINT legibly →

<b>Student Information</b>		Entering grade: <b>PRESCHOOL 16-17</b>
Student's legal name: _____	Student's nickname: _____	
Address: _____		
City, State, ZIP: _____		Phone: ( ) _____
Date of birth: _____	Age: _____	Sex: _____
City of birth: _____	County: _____	State: _____
The student's address is in what school district? (circle one) Fruitport Grand Haven Spring Lake Reeths-Puffer Mona Shores Muskegon City Muskegon Heights Other: _____		
Ethnic Heritage: <input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander	
(check all that apply) <input type="checkbox"/> Asian American	<input type="checkbox"/> Caucasian	
<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic or Latino	

<b>Family Information</b>		
Father / Male Legal Guardian: _____	Mother / Female Legal Guardian: _____	
Address: _____	Address: _____	
City, State, ZIP: _____	City, State, ZIP: _____	
Business Name: _____	Business Name: _____	
Business Phone: ( ) _____	Business Phone: ( ) _____	
Cell Phone: ( ) _____	Cell Phone: ( ) _____	
Home Phone: ( ) _____	Home Phone: ( ) _____	
Other contacts in case of an emergency:		
Name: _____	Relationship to student: _____	Phone: _____
1 _____		( ) _____
2 _____		( ) _____

<b>Preschool Enrollees:</b>	8:00-11:15	8:00-1:15	8:00-3:18
Please Circle Day and Time			
	2 Day - T/TH	3Day - M/W/F	5 Day
Email Address: _____			

<b>Car Pool:</b> Place me on the list for carpooling to the Academy
<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>Student Directory</b>
The Academy annually publishes a directory of students. Name and address information is included in the directory only with parental permission. May the Academy publish your child's name, grade, address, home phone number and parent's names in the directory?
<input type="checkbox"/> YES <input type="checkbox"/> NO

I affirm, that as parent/legal guardian, all information provided above is true and accurate, and that my child and I reside at the listed address. I understand that any false information provided by me, may subject me to legal penalties for perjury.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WMAAA does not discriminate on the basis of race, color, sex, religion, or national/ethnic origin in its educational policies, admissions policy, or scholarhsip program.

Please send this form along with \$100 non-refundable registration fee for all students to:  
West Michigan Academy of Arts and Academics, 17350 Hazel Street, Spring Lake, MI 49456