



Upland Country Day School • 420 West Street Road • Kennett Square, PA 10348

REQUIRED FAMILY ENROLLMENT DATA

ENROLLED STUDENT(S) INFORMATION - *Student(s) you are enrolling at Upland Country Day School with this form.*

Student *(Legal names please. A space is allotted for nicknames.)*

Last Name	First Name	Middle Name	Nickname	'08 -'09Grade	DoB	Gender
1: _____						
2: _____						
3: _____						
4: _____						

Primary Home Address of Student(s)

Street _____ City _____ State _____ Zip _____

School District where you reside _____ Home Phone (s): _____

Cell Phone(s): _____ Home Email(s): _____

Alternate/Secondary Address (for summer mailings, etc.)

(Please specify for what periods of the year the student(s) are at this address.)

Street _____ City _____ State _____ Zip _____

Alt. Phone(s): _____

Alt. Fax(s): _____

Alt. Email(s): _____

Please List Other Children in the Family:

Name	DoB	Gender	School	Grade
------	-----	--------	--------	-------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Billing and Correspondence Instructions

School Correspondence To Be Sent To Mother/Parent Father/Parent2 Both Other

Billing To Be Sent To Mother/ParentI Father/Parent2 Both Other

Special Mailing Instructions (if different from home address above)

In the event of early dismissal, how will your child get home? by bus by car

In the event that we are unable to reach you during bad weather, please list the name/phone number of persons who can pick up your child, meet the bus or otherwise assume responsibility for your child.

Medical Information:

Name of family physician _____ Office phone _____

On staff at _____ Health Insurance Carrier/Policy # _____

Medical problems/allergies, etc.: _____

Medications taken in school _____ outside of school _____

Child's name _____ may have Children's Tylenol Jr. Tylenol
 Regular Tylenol Cough Drops

IMPORTANT: Prescription medication cannot be given without specific directions from a physician and the written request of a parent or guardian. Medication brought to school must be in a labeled container with the student's name, physicians's name, date of prescription, name of medication, dosage instructions and name and phone number of the pharmacy and must be kept in Mrs. Biondi's office. If a child has a specific allergy, asthma or other medical condition, the parents are required to notify Mrs. Biondi, Upland's Health Aide.

Parental School Volunteer / Special Interests

	Mother/Parent 1/Guardian	Father/Parent 2/Guardian
Athletics	<input type="checkbox"/>	<input type="checkbox"/>
Alumni Relations	<input type="checkbox"/>	<input type="checkbox"/>
Development	<input type="checkbox"/>	<input type="checkbox"/>
Parents' Association	<input type="checkbox"/>	<input type="checkbox"/>
Performing Arts	<input type="checkbox"/>	<input type="checkbox"/>
Public Relations/Communications	<input type="checkbox"/>	<input type="checkbox"/>
Visual Arts	<input type="checkbox"/>	<input type="checkbox"/>
Academic /Other	<input type="checkbox"/> Subject(s): _____	<input type="checkbox"/> Subject(s): _____

Charitable/Volunteer Experience:

Mother/Parent 1/Guardian

<input type="checkbox"/> College Organization	<input type="checkbox"/> Hospital	<input type="checkbox"/> Religious Organization Dates of Service	<input type="checkbox"/> School Role(s)	<input type="checkbox"/> Youth Board Member? (Y/N)	<input type="checkbox"/> Other
--	-----------------------------------	---	--	---	--------------------------------

Father/Parent 2/Guardian

<input type="checkbox"/> College Organization	<input type="checkbox"/> Hospital	<input type="checkbox"/> Religious Organization Dates of Service	<input type="checkbox"/> School Role(s)	<input type="checkbox"/> Youth Board Member? (Y/N)	<input type="checkbox"/> Other
--	-----------------------------------	---	--	---	--------------------------------

Names of relatives who have attended Upland Country Day School (with class year if known):

Please list the names and addresses of relatives who would be interested in attending special school functions and/or receiving mailings.

Grandparents or Other Relatives

Maternal Grandparents

Name: _____

Street Address: _____

City, State and Zip Code: _____

Home Phone(s): _____

Email: _____

Paternal Grandparents

Name: _____

Street Address: _____

City, State and Zip Code: _____

Home Phone(s): _____

Email: _____

Other Relatives

Name: _____

Street Address: _____

City, State and Zip Code: _____

Home Phone(s): _____

Email: _____

Other Relatives

Name: _____

Street Address: _____

City, State and Zip Code: _____

Home Phone(s): _____

Email: _____

Religious Affiliation:

	Child 1	Child 2	Child 3	Child 4
Christian (Roman Catholic/Protestant/Other)	[]	[]	[]	[]
Buddhist	[]	[]	[]	[]
Hindu	[]	[]	[]	[]
Jewish	[]	[]	[]	[]
Muslim	[]	[]	[]	[]
Sikh	[]	[]	[]	[]
Other	[]	[]	[]	[]
Family is:	[] Actively Observant [] Moderately Observant [] Inactive/Non-Observant			

Race/Ethnicity (Please check all that apply.)

	Child 1	Child 2	Child 3	Child 4
Caucasian/European (Non-Hispanic)	[]	[]	[]	[]
Asian/ Asian-American/Pacific Islander	[]	[]	[]	[]
American Indian/Native American	[]	[]	[]	[]
African-American/African/Black	[]	[]	[]	[]
Hispanic/Latino(a)/Latin American (Non-Caucasian)	[]	[]	[]	[]
Middle Eastern	[]	[]	[]	[]
Multiracial/Biracial	[]	[]	[]	[]
Other	[]	[]	[]	[]
Raised in the United States	[]	[]	[]	[]
Raised outside the United States	[]	[]	[]	[]

The contact information included on this form will be published in the School Directory and is intended for the sole use of current parents and faculty members of Upland Country Day School for purposes related to the School and its programs. Upland Country Day School considers the remainder of the information on this form confidential and will not distribute or sell the information provided.

Upland Country Day School does not discriminate on the basis of race, religion, national origin, ethnicity, gender, or sexual orientation with regard to admission or the terms and conditions of the educational setting.