



Registration Form

Desired Start Date

☐ Full-Time Program

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

☐ After-School

School currently attending

Grade

Location:

☐ Sterling

☐ Stephenson

Student Information

Child's full name		Nick Name
Age	Birthdate	Sex (check one) M <input type="checkbox"/> F <input type="checkbox"/>
Street Address		
City	State	ZIP
Home phone	Child lives with	
Who has custody of child (if other than parent)		
Previous childcare programs and schools attended		

Parent/Guardian 1

Name	Cell phone
Employer	Occupation
Work address	
Work phone	Home phone
Home address <input type="checkbox"/> Same as child or:	
Email	

Parent/Guardian 2

Name	Cell phone
Employer	Occupation
Work address	
Work phone	Home phone
Home address <input type="checkbox"/> Same as child or:	
Email	

Stephenson:
540. 546. 8095
101 Buccaneer Court
Stephenson, VA 22656

Sterling:
571. 349. 9277
21631 Ridgetop Circle
Sterling, VA 20166

www.goldenpathacademy.com
info@goldenpathacademy.com



Registration Form (continued)

Student Information

Doctor's office

Doctor's name

Phone number

Does your child have allergies?

☐

Yes

☐

No

Allergic to

If yes, initial here (Permission to post allergy form in the classroom)

Does your child require emergency medication (Epi-pen, antihistamine, etc.)?

List special dietary requirements

Does your child require modification to fully participate?

☐

Yes

☐

No

Does your child have an individualized education plan?

☐

Yes

☐

No

If yes, date of the last IEP

(In accordance with VA licensing standards, GPA will keep a copy of your child's most recent IEP)

Emergency Contact Persons

Contact one name & relation

Contact one cell phone number

Contact one full home address

Contact two name & relation

Contact two cell phone number

Contact two full home address

Signature

Parent/Guardian

Date

Place of birth

Date of birth

Birth certificate number

Date issued

Other form of proof

Date reviewed/ viewed

Form rcvd date

☐

Corp

☐

New

☐

Sib

☐

Ret

Amount paid

Date paid

Payment type

Check number

Start date

Classroom

Schedule

☐

Mon

☐

Tue

☐

Wed

☐

Thur

☐

Fri

Withdrawal date

Reason for withdrawal

Authorized center signature

Date signed

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