



MUIR WOODS ACADEMY, INC.  
Nurturing greatness since 2005



Child's Name: \_\_\_\_\_  
Surname First Name Middle Name

Parent's Name:

- Father: \_\_\_\_\_
- Mother: \_\_\_\_\_

Parent's Mobile #: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age (as of June): \_\_\_\_\_

Address: \_\_\_\_\_

Child's Handedness: Right \_\_\_\_\_ Left \_\_\_\_\_

Does your child have any known allergies?

NO  YES (Please specify) \_\_\_\_\_

Does your child have any medical condition or health-related concern?

NO  YES (Please specify) \_\_\_\_\_

Facebook/Messenger Account:

\_\_\_\_\_

Lunch in

Lunch out

