

# REGISTRATION FORM

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Email address \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address (if different from above) \_\_\_\_\_  
\_\_\_\_\_

Employer & address

(Father)

(Mother)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone:(w) \_\_\_\_\_

Phone:(w) \_\_\_\_\_

(c) \_\_\_\_\_

(c) \_\_\_\_\_

Emergency Contact (other than parent/guardian)

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Person(s) picking child up: Primary \_\_\_\_\_

Sub 1 \_\_\_\_\_

Sub 2 \_\_\_\_\_

Your child will not be allowed to be picked up by anyone other than those listed. A written notice must be received by the teacher for alternate transportation. A photo ID will be required.

Allergies/Medications:

\_\_\_\_\_  
\_\_\_\_\_

Do you currently attend church? \_\_\_\_\_ If so, where? \_\_\_\_\_

Your child must be the age of the class registering for by September 1<sup>st</sup>.

Class registering for: \_\_\_\_\_

How many days per week: \_\_\_\_\_

What days: \_\_\_\_\_

\*\*See the attached sheet for class schedule and days available.