



Class \_\_\_\_\_ Days \_\_\_\_\_

First day of attendance \_\_\_\_\_

### Registration Form

Child's Name \_\_\_\_\_ Name Used \_\_\_\_\_  
Last First

Birthdate \_\_\_\_\_ Age as of September 1<sup>st</sup> \_\_\_\_\_

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

\_\_\_\_\_ Cell Phone \_\_\_\_\_

E Mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work/Day Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work/Day Phone \_\_\_\_\_

What is the primary language spoken in the home \_\_\_\_\_

Is your child able to understand simple instructions in English? Yes \_\_\_ No \_\_\_

Days Desired - Mon./Wed. \_\_\_ Tues./Thurs. \_\_\_ All Days \_\_\_ Summer \_\_\_

Extended day A.M. \_\_\_\_\_ P.M. \_\_\_\_\_ As Needed \_\_\_\_\_ No Need \_\_\_\_\_

In case a parent cannot be reached, please list a local friend or relative we can contact in case of an emergency.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

List any allergies and/or medical problems \_\_\_\_\_

\_\_\_\_\_