



Class _____ Days _____

First day of attendance _____

Filled out by E.L. Office

Registration Form

Child's Name _____ Name Used _____
Last First

Birthdate _____ Age as of September 1st _____

Address _____ Home Phone _____

City/zip _____ Cell Phone _____

E Mail _____ **Please print clearly**

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 ___

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 _____

Address _____

Child's Doctor _____ Phone _____

List any allergies and/or medical problems _____
