



**REGISTRATION FORM**

EMAIL: \_\_\_\_\_

DATE:     /     /

**STUDENT INFORMATION**

GENDER: M   F

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SPECIAL CONDITIONS (ALLERGIES): \_\_\_\_\_

START DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PROGRAM:    PRESCHOOL,    AFTER-SCHOOL (Days: Mon, Tue, Wed, Thur, Fri / Full T / Part T)

**PARENTS / GUARDIANS**

LAST NAME \_\_\_\_\_ / \_\_\_\_\_ FIRST NAME \_\_\_\_\_ / \_\_\_\_\_

RELATIONSHIP TO A CHILD \_\_\_\_\_ / \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CURRENT SCHOOL \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

**EMERGENCY CONTACT**

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_ PHONE \_\_\_\_\_

HOW DID YOU LEARN ABOUT US? \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**Registration Fee** : \$50 + \$200 (nonrefundable) will use toward first month's payment

