

Registration Form: Fall 2011-Spring 2012

Child's Name _____ Male/Female DOB: _____

Parent Name _____ Parent Name _____

Address: _____ Address: _____

City: _____ State: __ Zip: _____ City: _____ State: __ Zip: _____

Home#() _____ Home#() _____

Cell#() _____ Cell#() _____

Wk#() _____ Wk#() _____

Emergency Contact Person if parents cannot be reached:

Name: _____ PH# _____ Relationship _____

Authorized person to pick up child other than parents:

Name: _____ Name: _____

Allergies: _____

Siblings: _____

I was referred to this program by: _____