

# Registration Form



Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Circle one: Monday/Wednesday or Tuesday/Thursday

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Circle One: Boy or Girl

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Mother

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

## Father

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name and age of siblings: \_\_\_\_\_

Name of pets: \_\_\_\_\_

Favorite Activities: \_\_\_\_\_

Does child have any fears? \_\_\_\_\_

Allergies: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Does child participate in any church activities: \_\_\_\_\_

I am available to be a substitute occasionally at Weekday: Yes No

## Office Use Only

Teacher assigned: \_\_\_\_\_ Registration Paid: \_\_\_\_\_