

REGISTRATION FORM

Name of Child: _____

Name Child Accustomed to being called: _____

Address: _____ **Telephone:** _____
_____ **Email address** _____

Birthdate: _____ **Sex:** ____

Parents: Single ____ Married ____ Separated ____ Divorced ____

Mother's Name: _____ **Father's Name:** _____

Social Ins. Number: _____ **Social Ins. Number:** _____

Occupation: _____ **Occupation:** _____

Employer: _____ **Employer:** _____

Employer's Address: _____ **Employer's Address:** _____

In Full _____ **In Full** _____

Business Phone No.: _____ **Business Phone No:** _____

IF NOT THE SAME AS ABOVE CHILD'S ADDRESS

Mother's address: _____ **Father's address:** _____

Other children in family (Name and age) _____

EMERGENCY NUMBERS: PLEASE LIST TWO

1. Name: _____ **Relationship to child:** _____

Address: _____ **Phone:** _____

2. Name: _____ **Relationship to child:** _____

Address: _____ **Phone:** _____

RELEASE CHILD TO: _____

Date Enrolled: _____

Date Withdrawn: _____

Date: _____

Parent Signature _____

