



Registration Form

Print, fill out and mail or drop off with payment

Student Name: _____ Date of Birth: _____

Parent/Guardian Name(s): _____

Home telephone: _____ Other telephone: _____

Address: _____

City: _____ State: _____ Postal/Zip Code: _____

Parent E-mail Address (if applicable): _____

Student E-mail Address (if applicable): _____

Parent/Guardian Address 2 (If different from above)

First and last name: _____

Relationship: _____

Address (if different from above): _____

Telephone Numbers:

Home: _____ Work: _____ Cell: _____

Parent E-mail Address: _____

Other emergency contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical Conditions: Please list any medical conditions (i.e. asthma, allergies, recent illnesses or injuries, etc.)

Should your child suffer an asthma or allergy attack or an attack caused by his/her medical condition (noted above), please note what should happen immediately in case a reaction takes place. You may use the backside of this paper to finish the instructions. Does your child have any food allergies?

Student is allowed to WALK home alone when class dismisses: YES NO

CONFLICTS _____

Check your calendar against the class/lesson schedule and write down all conflicts.

Acceptance of behavior standards: I understand that members of this program are expected to behave in a cooperative manner, and if my child shows any unacceptable behavior to other members or adult helpers, he or she will be asked to leave the program.

Parent Signature: _____ Date: _____

Please write legibly.

Student Signature: _____ Date: _____

Please write legibly.