

2019-2020 Registration Form

Student Name	Grade	Date of birth
Student Name:		____ - ____ - ____
Student Name:		____ - ____ - ____
Student Name:		____ - ____ - ____
Student Name:		____ - ____ - ____

Parent Name	Mailing Address	Contact Information
Parent Name: Email: _____	Street: _____ City: _____ State: _____ Zip _____	Home#: _____ Cell#: _____ Work#: _____ Employed by: _____
Parent Name: Email: _____	Street: _____ City: _____ State: _____ Zip _____	Home#: _____ Cell#: _____ Work#: _____ Employed by: _____

Emergency Contact	Relationship to Student	Contact Information
Name:		Home#: _____ Cell#: _____
Name:		Home#: _____ Cell#: _____

Please list below the children in your family ages birth to 5 <u>NOT</u> in school.			
Name:	Birthdate:	Name:	Birthdate:
Name:	Birthdate:	Name:	Birthdate:

Please return this form to the school when complete!!