

REGISTRATION FORM

Child's Name _____ Male ___ Female ___
(Last) (First)

Birthday _____ Year _____

Address _____
(City) (Zip)

Father's Name _____ Phone _____

Place of Employment _____

Employment Address _____

Mother's Name _____ Phone _____

Place of Employment _____

Employment Address _____

Please list names and ages of brothers and sisters:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

IF WE ARE UNABLE TO REACH YOU IN CASE OF AN EMERGENCY SITUATION REGARDING YOUR CHILD, PLEASE GIVE US THE NAMES OF AT LEAST TWO (2) RESPONSIBLE PERSONS TO CALL:

Name _____ Phone _____

Name _____ Phone _____

Please attach Registration Fee. A school information book will be given at the Open House in September.

WE ALSO STRONGLY SUGGEST THE IMPORTANCE OF AT LEAST ONE PARENT
ATTENDING THE OPEN HOUSE. THANK YOU.