

# Fall Registration

2012-2013

Age as of Sept 1, 2012: \_\_\_\_\_

Class: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Boy or Girl

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Brothers/Sisters 1. \_\_\_\_\_ Age \_\_\_\_\_ 3. \_\_\_\_\_ Age \_\_\_\_\_

2. \_\_\_\_\_ Age \_\_\_\_\_ 4. \_\_\_\_\_ Age \_\_\_\_\_

Please list persons other than yourself who will be authorized to pick up your child. Your child will not be released to others without your permission.

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Please list two persons to call in case you might not be reached in an emergency:

1. \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

## Circle days and add times needed:

MON TUES WED THURS FRI

Drop off: am \_\_\_\_\_ am \_\_\_\_\_ am \_\_\_\_\_ am \_\_\_\_\_ am \_\_\_\_\_

Pick Up: pm \_\_\_\_\_ pm \_\_\_\_\_ pm \_\_\_\_\_ pm \_\_\_\_\_ pm \_\_\_\_\_

+CARE is 6:30-9 and or 2:30-6pm (our extended hours program)

**If You Would Like Lunches Added to Your Bill, Please Circle Days:**

MON TUES WED THURS FRI