



2021-2022 REGISTRATION

CHILD INFORMATION

Name _____ Date of Birth _____
Address _____
Street _____ City _____ Zip _____
Age as of September 1, 2021 _____ Male/Female _____
Allergies or Health Conditions (Please write NONE if needed) _____
Special Needs _____
Family Church Affiliation _____

PRIMARY CARETAKER (PARENT OR GUARDIAN) INFORMATION

Full Name _____ Cell Phone _____
Address _____ Home Phone _____
City, State, Zip _____ Work Phone _____
Relation to Child _____ Email Address _____

ALTERNATIVE CARETAKER (PARENT OR GUARDIAN) INFORMATION

Full Name _____ Cell Phone _____
Address _____ Home Phone _____
City, State, Zip _____ Work Phone _____
Relation to Child _____ Email Address _____

FOR OFFICE USE ONLY

Date Registered _____ Check # _____ Cash Amount _____
Supply Fee Received _____ Check # _____ Cash Amount _____
Check if employee's child _____