



REGISTRATION FORM

A fee of \$35 must accompany this registration. This fee is NON-REFUNDABLE.

CHILD'S INFORMATION

Child's Name:	Nickname:
Home Phone:	Birth Date:
Address:	

FAMILY INFORMATION

Mother's Name:	Occupation:
Place of Employment:	Work Phone:
Work Address :	Last 4 Digits of Social Security Number:

Father's Name:	Occupation:
Place of Employment:	Work Phone:
Work Address:	Last 4 Digits of Social Security Number:

Does the child live with both parents? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, which parent has custody?	

Children in Family:		
Name:	Age:	Sex:
Name:	Age:	Sex:
Name:	Age:	Sex:

Other Persons Living with Family:

Language(s) Spoken at Home:

How Did You Hear About Us?
