



Child Registration Form

Please complete one form per child.

Child's Information	
Child's name:	
Nickname:	
Birthday (MM/DD/YY):	
Grade:	
Siblings:	
Allergies:	
Parent's Information	
Mother's Name:	
Father's Name:	
Mailing Address:	
Street/PO Box:	
Town, State, Zip:	
Mother's Cell Phone:	
Father's Cell Phone:	
Home Phone:	
Email Address(s):	
Other Information	
May we give your child snacks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child potty-trained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Process
Comments/Other Info about your Child:	
I am interested in helping in the following ways:	<input type="checkbox"/> as a Teacher <input type="checkbox"/> as a Teacher's Aide <input type="checkbox"/> as a Nursery Worker <input type="checkbox"/> providing snacks <input type="checkbox"/> providing craft supplies
Parent Signature:	
Date:	