



2026-2027 REGISTRATION

CHILD INFORMATION

Name _____ Date of Birth _____

Address _____ Street _____ City _____ Zip _____

Age as of September 1, 2026 _____ Male/Female _____

Allergies or Health Conditions (Please write NONE if needed) _____

Special Needs _____

Do you attend church? If so, where? _____

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 _____