



## 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 \_\_\_\_\_