



# Registration

2016-17

Today's Date: \_\_\_\_\_

<b>PARENTS</b>	<p>Parent/Guardian _____</p> <p>Email Address(es) _____</p> <p>Mom's Cell Phone _____ Dad's Cell Phone _____ Home/Other Phone _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p>
<b>2016-17 classes</b>	<p>Infant &amp; Toddler (walker) Nurseries      PreK: born before 9/1/2012; not yet in Kindergarten</p> <p>Preschool 1: born 9/1/2013 - 8/31/2014      K: Kindergarten</p> <p>Preschool 2: born 9/1/2012 - 8/31/2013      1st - 5th Grades</p>
<b>CHILD 1</b>	<p>Name: _____ Age: _____ Birth Date: _____ Grade: _____</p> <p>Allergies: _____ Reaction: _____</p> <p>Any other information about your child that may be helpful to the caregivers/teaching team: _____</p> <p style="text-align: center;"> <input type="checkbox"/> Nursery      <input type="checkbox"/> Early Childhood      <input type="checkbox"/> Elementary  <input type="checkbox"/> Infants <input type="checkbox"/> Toddlers      <input type="checkbox"/> Preschool 1 <input type="checkbox"/> Preschool 2 <input type="checkbox"/> PreK <input type="checkbox"/> K      <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th         </p>
<b>CHILD 2</b>	<p>Name: _____ Age: _____ Birth Date: _____ Grade: _____</p> <p>Allergies: _____ Reaction: _____</p> <p>Any other information about your child that may be helpful to the caregivers/teaching team: _____</p> <p style="text-align: center;"> <input type="checkbox"/> Nursery      <input type="checkbox"/> Early Childhood      <input type="checkbox"/> Elementary  <input type="checkbox"/> Infants <input type="checkbox"/> Toddlers      <input type="checkbox"/> Preschool 1 <input type="checkbox"/> Preschool 2 <input type="checkbox"/> PreK <input type="checkbox"/> K      <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th         </p>
<b>CHILD 3</b>	<p>Name: _____ Age: _____ Birth Date: _____ Grade: _____</p> <p>Allergies: _____ Reaction: _____</p> <p>Any other information about your child that may be helpful to the caregivers/teaching team: _____</p> <p style="text-align: center;"> <input type="checkbox"/> Nursery      <input type="checkbox"/> Early Childhood      <input type="checkbox"/> Elementary  <input type="checkbox"/> Infants <input type="checkbox"/> Toddlers      <input type="checkbox"/> Preschool 1 <input type="checkbox"/> Preschool 2 <input type="checkbox"/> PreK <input type="checkbox"/> K      <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th         </p>
<b>CHILD 4</b>	<p>Name: _____ Age: _____ Birth Date: _____ Grade: _____</p> <p>Allergies: _____ Reaction: _____</p> <p>Any other information about your child that may be helpful to the caregivers/teaching team: _____</p> <p style="text-align: center;"> <input type="checkbox"/> Nursery      <input type="checkbox"/> Early Childhood      <input type="checkbox"/> Elementary  <input type="checkbox"/> Infants <input type="checkbox"/> Toddlers      <input type="checkbox"/> Preschool 1 <input type="checkbox"/> Preschool 2 <input type="checkbox"/> PreK <input type="checkbox"/> K      <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th         </p>