



Summer 2017 Registration

Today's Date

Children's classes are based on grade **entering in the Fall**

PARENTS	<p>Parent(s)/Guardian(s) _____</p> <p>Accompanying Adult, if other than Parent/Guardian _____ relationship to child _____</p> <p>Parent/Guardian Email Address(es) _____</p> <p>Mom's Cell Phone _____ Dad's Cell Phone _____ Home/Other Phone _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p>
Summer 17 classes	<p>Infant & Toddler (walker) Nurseries Preschool 1: born 9/1/2014- 8/31/2015 Preschool 2: born 9/1/2013 - 8/31/2014</p> <p>PreK: born before 9/1/2013; entering Kindergarten Fall 2018 K: entering Kindergarten this Fall Grade this Fall: 1st - 5th Grades</p>
CHILD 1	<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"/> Infants <input type="checkbox"/> Toddlers <input type="checkbox"/> Early Childhood (Fall 2017) <input type="checkbox"/> Preschool 1 <input type="checkbox"/> Preschool 2 <input type="checkbox"/> PreK <input type="checkbox"/> K <input type="checkbox"/> Elementary (Fall 2017) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th </p>
CHILD 2	<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"/> Infants <input type="checkbox"/> Toddlers <input type="checkbox"/> Early Childhood (Fall 2017) <input type="checkbox"/> Preschool 1 <input type="checkbox"/> Preschool 2 <input type="checkbox"/> PreK <input type="checkbox"/> K <input type="checkbox"/> Elementary (Fall 2017) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th </p>
CHILD 3	<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"/> Infants <input type="checkbox"/> Toddlers <input type="checkbox"/> Early Childhood (Fall 2017) <input type="checkbox"/> Preschool 1 <input type="checkbox"/> Preschool 2 <input type="checkbox"/> PreK <input type="checkbox"/> K <input type="checkbox"/> Elementary (Fall 2017) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th </p>
CHILD 4	<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"/> Infants <input type="checkbox"/> Toddlers <input type="checkbox"/> Early Childhood (Fall 2017) <input type="checkbox"/> Preschool 1 <input type="checkbox"/> Preschool 2 <input type="checkbox"/> PreK <input type="checkbox"/> K <input type="checkbox"/> Elementary (Fall 2017) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th </p>