

# 2024 - 2025 Registration Form

Student Name	Grade	Date of birth
Student Name:		____ - ____ - ____
Student Name:		____ - ____ - ____
Student Name:		____ - ____ - ____
Student Name:		____ - ____ - ____

Parent Name	Mailing Address	Contact Information
Parent Name:  Email: _____	Street: _____ City: _____ State: _____ Zip _____	Home#: _____ Cell#: _____ Work#: _____ Employed by: _____
Parent Name:  Email: _____	Street: _____ City: _____ State: _____ Zip _____	Home#: _____ Cell#: _____ Work#: _____ Employed by: _____

Emergency Contact	Relationship to Student	Contact Information
Name:		Home#: _____ Cell#: _____
Name:		Home#: _____ Cell#: _____

<b>Please list below the children in your family ages birth to 5 <u>NOT</u> in school.</b>			
Name:	Birthdate:	Name:	Birthdate:
Name:	Birthdate:	Name:	Birthdate:

**Please ensure contact information such as phone number and email address are correct. Return this form to the school when complete!**