

Registration Form

**Family Information**

Mother's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Father's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
If new, how did you hear about us? \_\_\_\_\_  
Signed Waiver  Yes  No

**Student Information #1**

Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ B or G  Class Name: \_\_\_\_\_  
Time: \_\_\_\_\_ AM or PM \_\_\_\_\_ Times Per Week:  Sun  Mon  Tue  Wed  Thu  Fri  Sat  
Special Notes For This Child: \_\_\_\_\_

**Student Information #2**

Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ B or G  Class Name: \_\_\_\_\_  
Time: \_\_\_\_\_ AM or PM \_\_\_\_\_ Times Per Week:  Sun  Mon  Tue  Wed  Thu  Fri  Sat  
Special Notes For This Child: \_\_\_\_\_

**Student Information #3**

Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ B or G  Class Name: \_\_\_\_\_  
Time: \_\_\_\_\_ AM or PM \_\_\_\_\_ Times Per Week:  Sun  Mon  Tue  Wed  Thu  Fri  Sat  
Special Notes For This Child: \_\_\_\_\_