

REGISTRATION FORM

Child's Legal Name _____ DOB: _____ Gender: _____
Last First Middle

Address: _____
Street City State Zip Code

Email Address: _____

Student Resides with:

- Natural Parents : _____
- Legal Guardians : _____
- Foster Parents: _____
- Other (specify): _____

School previously attended: _____

City/State: _____ Desired start date: _____

Child's Age as of Start date: _____ years _____ months

How did you hear about us?

- Flyer
- Visited website
- Internet (i.e. Google, yelp, etc)
- Referral : _____
- Other: _____

I certify the above information to be true an accurate.

Parent/Guardian Signature

Date