



Weekend Registration

Where Learning is FUN!

Today's Date: _____

Grade: ____ Date of Birth: _____

Child's First/Last Name: _____

Parent's / Guardian's Name: _____

Home address: _____ Zip Code: _____

Contact Phone Number: _____ Who's Number is It? _____

Are there any Medical / Allergy / Food issues we should be aware of? YES / NO

Are there any special information or instructions regarding your child? YES / NO

Parent's or Guardian's Signature: _____