

Check In Registration Card

Date _____ Guest First Time Guest One Time Visitor I came with _____

Enroll Me (activates self check-in)

9:00 11:00 Please check which hour your children will be in class

Mother _____ **Father** _____
First Name Last Name First Name Last Name

I live with Mother Father Both Parents Foster Parent Other _____

Address* _____

City* _____ **State*** _____ **Zip Code*** _____

Home Phone* _____ **Work Phone*** _____ **His Cell Phone*** _____

Her Cell Phone* _____ **Email*** _____
**Required Field*

Child's Name *(First & Last)* _____ Boy Girl **D.O.B.** ___/___/___ Grade ___ Allergy _____ Rm# _____

Child's Name *(First & Last)* _____ Boy Girl **D.O.B.** ___/___/___ Grade ___ Allergy _____ Rm# _____

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