

Child's Name	Last	First	Middle	Name Used (Nickname)	Birthdate
Street Address			City	Zip code	

**Parent/Guardian #1**

Name	Home Phone #	Cell Phone #	
Street Address		City	Zip code
Email			
Work/Company Name		Work phone #	
Work Address		City	Zip code

**Parent/Guardian #2**

Name	Home Phone #	Cell Phone #	
Street Address		City	Zip code
Email			
Work/Company Name		Work phone #	
Work Address		City	Zip code

**Tell us more about your child (school experience, skills, needs, interests)**

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**How can we enrich and support the growth of your child?**

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**Signature**

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**Date**