

Risen Savior Early Learning Center Registration Form

Class Registration Information

Class:

Days: M-F TTh MWF

Date:

Student Name:

Address:

Preferred Phone:

Preferred Email:

Date of Birth:

Child Lives With:

Child's Gender:

Child's Ethnicity:

Mother:

Address:

Mother's Employer:

Mother's Cell:

Mother's Work:

Mother's Occupation:

Father:

Address:

Father's Employer:

Father's Cell:

Father's Work:

Father's Occupation:

Release: Parents/Custodians authorize this child's class work, test scores, and/or picture to be anonymously used for marketing, advertising, or educational purposes. **Yes** **No**

Church Currently Attending:

Members: Yes **No**

Has Your Child Been Baptized:

Ethnicity:

Hispanic

American Indian

Caucasian

Asian

Multi-Cultural

African American

Consent: Parents allow child to participate in all learning activities on campus, both indoor and outdoor. **Yes** **No**

Parent Handbook: Family agrees to download the handbook to review policies and procedures. **Yes** **No**

Medical Conditions/Special Needs/Special Requests: