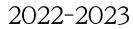
Registration





| | | Pare | ent/G | uar | dian Informatior | J | | |
|---|-----------------|---------------|--------|-------|------------------------|----------|------------------|--|
| Parent's Name: | | | | | Date: | | | |
| | Last | First | | | | | | |
| Address: | | | | | | | | |
| | Street Address | | | | | | Apartment/Unit # | |
| | | | | | | | | |
| | City | | | | | State | ZIP Code | |
| 1 st Phone: | | | | | Emails: | | | |
| 2 nd Phone: | · | | | | - | | | |
| May we text Yes No Emergency you? Contact Nam | | | | | Number of Children: | | | |
| <u> </u> | | Number: | | | | | | |
| Have you child? | ever homescho | oled your | YES | NO | If no, what school h | ave they | attended? | |
| | | | YES | NO | If yes, what subject? | | | |
| Is your child(ren) interested in sports? | | | | NO | If yes, which ones? | | | |
| In which p | osition would y | ou be interes | ted in | helpi | ing? | | | |
| Child(ren) Information | | | | | | | | |
| 1.Name: | | | , | Age: | Grade: | | Phone: | |
| Areas of ir | nterest: | | | | | | | |
| 2.Name: | | | , | Age: | Grade: | | Phone: | |
| Areas of ir | nterest: | | | | | | | |
| 3.Name: | | | , | Age: | Grade: | | Phone: | |
| Areas of in | nterest: | | | | - | | | |