

Fee Paid \_\_\_\_\_  
Reg. Number \_\_\_\_\_

Start Date \_\_\_\_\_

## College Heights After School Program 2021-22 Registration Form

<b>Child's Full Name</b>	
Child's Birth Date (Month, Date, YYYY)	Child's Gender (Male, Female, Other)
Child's Home Address	
Child's Known Allergies	
<b>Mother/Father/Guardian #1 Full Name</b>	Home Phone #  Cell Phone #
Address (if different from child's)	
Place of Employment	Work phone #
<b>Mother/Father/Guardian #2 Full Name</b>	Home Phone #  Cell Phone #
Address (if different from child's)	
Place of Employment	Work phone #
<b>Emergency Contact Name (in event parent/guardian cannot be reached)</b>	
Address	Phone #