



# Faith Movers Academy

## Early Registration Form

### *Child Information*

*\*Please print legibly*

Child Name (First, Middle, Last)				
Child Birthday	Age	Gender	M	F
Child Grade (2018-2019)				
Address:				
City, State, Zip				

### *Parent Information*

Father/Stepfather/Guardian	Mother/Stepmother/Guardian
Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Home Phone (____) _____	Home Phone (____) _____
Cell Phone (____) _____	Cell Phone (____) _____
Work Phone (____) _____	Work Phone (____) _____
Email Address _____	Email Address _____
Preferred Method of Contact: (Circle One)	Preferred Method of Contact: (Circle One)
Email                  Phone                  Text	Email                  Phone                  Text

Name of all other children in the household	Relationship to Child Listed	Age	Grade

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (Please Print)