



# *Faith Movers Academy*

## Registration Form and Emergency Contact

### 2022-2023

**\*A non-refundable registration fee of \$200 is due upon receipt of registration form.**

### ***Child Information***

*\*Please print legibly*

<b>Child Name</b> <i>(First, Middle, Last)</i>							
<b>Child Birthday</b>	<b>Age</b>		<b>Gender</b>	<b>M</b>	<b>F</b>		
<b>Child Grade (2021-2022)</b>							
<b>Address</b>							
<b>City, State, Zip</b>							
<b>Child's Shirt Size</b>	Child:	4T	5T	S	M	L	XL
<b>Last School Child Attended</b>							
<b>Does your child receive special services?</b>	N				Y		
<b>If so, what services?</b>							
<b>Does your child have an IEP?</b>	N				Y		

### ***Parent Information***

<b>Father/Stepfather/Guardian</b> <i>*Circle Relationship</i>	<b>Mother/Stepmother/Guardian</b> <i>*Circle Relationship</i>
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

### ***Emergency Contact Information***

Emergency Contact #1 \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Contact Phone # \_\_\_\_\_ Contact Cell Phone # \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Contact Phone # \_\_\_\_\_ Contact Cell Phone # \_\_\_\_\_



# Faith Movers Academy

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

## Extended Care

I will need Before AND After Care.	<b>Yes</b>	<b>No</b>
I will need Before Care Only (6:30 a.m.-7:45 a.m.)	<b>Yes</b>	<b>No</b>
I will need After Care Only (3:30 p.m.-6:00 p.m.)	<b>Yes</b>	<b>No</b>

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

\_\_\_\_\_  
Date

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

## For Office Use Only

Deposit Received:  Y      N	Date:	Amount:  Cash/Credit/Check #
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