

Faith Movers Academy

Registration Form and Emergency Contact

<u>2023-2024</u>

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

Child Information

*Please print legibly

Child Name (First, Middle, Last)									
Child Birthday		Age				Gender		М	F
Child Grade (2022-2023)		0							
Address									
City, State, Zip									
Child's Shirt Size	Child:	3T	4T	5T	XS	S	Μ	L	XL
Last School Child Attended									
Does your child receive		Ν			Y				
special services?									
If so, what services?									
Does your child have an IEP?		Ν			Y				

Parent Information

Father/Stepfather/Guardian *Circle Relationship	Mother/Stepmother/Guardian *Circle Relationship
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 #		



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

Extended Care

I will need Before AND After Care.	Yes	No
I will need Before Care Only (7:00 a.m7:45 a.m.)	Yes	No
I will need After Care Only (3:15 p.m6:00 p.m.)	Yes	No

Parent Signature

Date

Parent Name (Please Print)

For Office Use Only

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