



Faith Movers Academy

Registration Form and Emergency Contact

2024-2025

****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		M		F	
Child Grade (2023-2024)									
Address									
City, State, Zip									
Child's Shirt Size	Child:	3T	4T	5T	XS	S	M	L	XL
Last School Child Attended									
Does your child receive special services?	N				Y				
If so, what services?									
Does your child have an IEP?	N				Y				

Parent Information

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



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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.m.-7:45 a.m.)	Yes	No
I will need After Care Only (3:15 p.m.-6:00 p.m.)	Yes	No

Parent Signature

Date

Parent Name (Please Print)

For Office Use Only

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