Faith Movers Academy

Registration Form and Emergency Contact
2025-2026

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 *(2025-2026)*								
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 **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 Do Not Contact	Email Phone Text Do Not Contact

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