



Faith Movers Academy

Registration Form and Emergency Contact

2026-2027

***A non-refundable registration fee of \$225 is due upon receipt of registration form.**

Child Information

**Please print legibly*

Child Name <i>(First, Middle, Last)</i>					
Child Birthday	Age		Gender	M	F
Child Grade (2026-2027)					
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 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: <div style="text-align: center; margin-top: 10px;">Y N</div>	Date:	Amount: Cash/Credit/Check #
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