



HIS KIDS ACADEMY REGISTRATION FORM

Child's Full Name _____

(First)

(Middle)

(Last)

Nickname _____ Address _____ Zip _____

Phone _____ Date of Birth _____ Age _____ Sex: M F

Circle desired PT

Full-time (Mon-Fri.) Part-time (M-W-F) OR (Tu-Th) Desired start date _____

Yes No Does your child(ren) need breakfast served? [Addl. \$10 (FT) \$6 (PT) per week , per child]

How did you hear about us? _____

Parent / Guardian Information

Father: Name _____

Phone: Home _____

Cell _____

Address _____

Work _____

Employer _____

Occupation _____

Mother: Name _____

Phone: Home _____

Cell _____

Address _____

Work _____

Employer _____

Occupation _____

Father Email: _____ Mother Email: _____

Authorized Child Pick Up (List all people besides parents authorized to pick up your child)

Name	Relationship	Phone	Cell	Work

Family Information (Please list any siblings or other people living with your child)

Name	Relation	Age

Please use the back for any additional information

FOR OFFICE USE ONLY

Registration Date _____ Security Code _____ Termination Date _____ Fees _____