

Today's Date	Requested Start Date
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THE ARTS REGISTRATION FORM

2024-25 Academic Year

PLEASE COMPLETE EVERY SECTION OF THIS FORM.

Child	Nickname	Date of Birth	Sex
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Address	Home Phone
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Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed

Current School	Previous Daycare or School Attended
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If Child Attends this Center and Another After School Program, Give Name of Program	Grade
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PARENT(S)/GUARDIAN(S)

Father/Guardian	Place Employed/Occupation	Cell Phone
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Home Address	Home Phone
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Father/Guardian's Email Address	Work Phone
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Mother/Guardian	Place Employed/Occupation	Cell Phone
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Home Address	Home Phone
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Mother/Guardian's Email Address	Work Phone
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Person(s) or Agency Having Legal Custody of Child	Cell Phone
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Home Address	Home Phone
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Business Address	Business Phone
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Guardian's Email Address	Work Phone
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Allergies or Intolerance to Food, Medication, etc. and Action to Take in an Emergency

Child's Physician	Phone
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Two Contacts if Parent(s) Cannot Be Reached	Street Address, City, State, Zipcode	Phone
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1		
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2		
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Person(s) Authorized to Pick Up Child

Person(s) NOT Authorized to Pick Up Child - please note that custody papers should be attached if a parent is not allowed to pick up the child.

OFFICE USE ONLY

Reg Fee Paid	Date Paid	Activity Fee Paid	Date Paid	Weekly Rate