

Date Received:	
Received By:	
Time Received:	

UDA CREATIVE ARTS PRESCHOOL 2017-2018

REGISTRATION FORM

Parent/Guardian:			
Address:			
City:	State:	Zip:	
Home Phone:	Mobile Phone:		
Email Address:			
Parent 1:	Mobile:	Mobile:	
Employer:	Home Phone:	Home Phone:	
Email:	Work Phone:	Work Phone:	
Parent 2:	Mobile:		
Employer:	Home Phone:	Home Phone:	
Email: Work Phone:			
Emergency Contacts: Name:	Phone:		
Name:	Phone:		
Individuals Authorized to Pick Up Your Child: First & Last Names:			
Student Name:			
Address: (if different)			
City:	State:	Zip:	
Home Phone:	Mobile Phone:		
Home Phone: Birth Date: Age as of September 1, 201		Gender: F or M	
		Gender: F or M	
Birth Date: Age as of September 1, 201		Gender: F or M	
Birth Date: Age as of September 1, 201 Allergies:		Gender: F or M	
Birth Date: Age as of September 1, 201 Allergies: Additional Medical Information: Dr. Name: PLEASE NOTE: You must pay your \$50 registration	7: Dr. Phone:		
Birth Date: Age as of September 1, 201 Allergies: Additional Medical Information: Dr. Name: PLEASE NOTE: You must pay your \$50 registration registration to be complete.	7: Dr. Phone:		
Birth Date: Age as of September 1, 201 Allergies: Additional Medical Information: Dr. Name: PLEASE NOTE: You must pay your \$50 registration registration to be complete. Registering For: (check the box) 2 YR OLD Class	7: Dr. Phone:	ials fee in order for your	
Birth Date: Age as of September 1, 201 Allergies: Additional Medical Information: Dr. Name: PLEASE NOTE: You must pay your \$50 registration registration to be complete. Registering For: (check the box)	7: Dr. Phone: fee and ½ of your mater 2 YR OLD C	ials fee in order for your	
Birth Date: Age as of September 1, 201 Allergies: Additional Medical Information: Dr. Name: PLEASE NOTE: You must pay your \$50 registration registration to be complete. Registering For: (check the box) 2 YR OLD Class	7: Dr. Phone: fee and ½ of your mater 2 YR OLD C M & W 9:00 3 YR OLD C	ials fee in order for your class - 11:00 am - \$109	
Birth Date: Age as of September 1, 201 Allergies: Additional Medical Information: Dr. Name: PLEASE NOTE: You must pay your \$50 registration registration to be complete. Registering For: (check the box) 2 YR OLD Class T & TH 9:00 – 11:00 am - \$109 3 YR OLD Class	7: Dr. Phone: fee and ½ of your mater 2 YR OLD C M & W 9:00 3 YR OLD C M & W 8:30 3 YR OLD C	lass - 11:00 am - \$109 Class - 11:30 am - \$145	
Birth Date: Age as of September 1, 201 Allergies: Additional Medical Information: Dr. Name: PLEASE NOTE: You must pay your \$50 registration registration to be complete. Registering For: (check the box) 2 YR OLD Class T & TH 9:00 – 11:00 am - \$109 3 YR OLD Class T & TH 8:30 – 11:30 am - \$145	7: Dr. Phone: fee and ½ of your mater 2 YR OLD C M & W 9:00 3 YR OLD C M & W 8:30 3 YR OLD C M-W-F 8:30 3 YR OLD C	lass - 11:00 am - \$109 lass - 11:30 am - \$145 lass - 11:30 am - \$199	
Birth Date: Allergies: Additional Medical Information: Dr. Name: PLEASE NOTE: You must pay your \$50 registration registration to be complete. Registering For: (check the box) 2 YR OLD Class T & TH 9:00 – 11:00 am - \$109 3 YR OLD Class T & TH 8:30 – 11:30 am - \$145 3 YR OLD Class T/TH/F 8:30 – 11:30 am - \$199 3 YR OLD Class T/TH/F 8:30 – 11:30 am - \$199	7: Dr. Phone: fee and ½ of your mater 2 YR OLD C M & W 9:00 3 YR OLD C M & W 8:30 3 YR OLD C M-W-F 8:30 3 YR OLD C M&W 11:00 4 YR OLD C	lass - 11:00 am - \$109 lass - 11:30 am - \$145 lass - 11:30 am - \$199 lass - 2:00 pm - \$145	