



Application Form

Name of parents Mother _____
Father _____

Child Name 1. _____ 2. _____

Date of birth _____

Siblings: _____ Age _____

Address: _____ Telephone _____

Parent's email address _____

Mother's employment _____

Address _____ Phone _____

Father's Employment _____

Address _____ Phone _____

Emergency Contact Person

1) Name _____

Relationship _____

Address _____ Phone _____

2) Name _____

Relationship _____

Address _____ Phone _____

Additional personal who may pick up your child :

Name _____

Relationship _____

Name _____

Relationship _____

Physician's Name _____

Address _____ Phone _____

e-mail address _____

Registration non refundable fee 75\$.