

REGISTRATION FORM FOR ULEARN ACADEMY BY UNITY PRESBYTERIAN CHURCH

There is a one-time a year registration fee of \$50 for ALL ages. (Non-refundable- must accompany this form.)

Days of the WEEK needed (check all that apply):

Monday____ Tuesday____ Wednesday____ Thursday____ Friday____

Date_____ Parent/Guardian signature_____

Name of Child _____
First Middle Last Name Child is called

Age _____ Date of Birth _____ Grade _____
(MO) (DAY) (YEAR)

Address _____ Town _____

Zip _____ Home Phone # _____ Cell Phone# _____

Email address _____

Fathers Name _____ Work Phone # _____

Employer _____ Occupation _____

Mothers Name _____ Work Phone # _____

Employer _____ Occupation _____

Other Children in the Family:

Brothers _____ Ages _____ Sisters _____ Ages _____

List any allergies your child has. Food _____ (Other) _____

List any operations and/or contagious diseases your child has had _____

_____my student meets the health and immunization requirements for school. (Required)

Give name of person to be called in case of emergency when neither parent can be located by phone

Name _____ Phone _____

Name _____ Phone _____

In case of medical emergency when neither parent can be located by phone.

Doctor _____ Phone _____

Hospital _____ Phone _____

The following people have permission to pick up my child:

1. _____
2. _____
3. _____
4. _____

(Children will only be released to the individuals listed on this form unless specified in writing to the teacher beforehand.)