

**Registration Form**  
**College Hills Tuesday/Wednesday School**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last, First) (month/day/year)

Boy \_\_\_\_\_ Girl \_\_\_\_\_ Child goes by the name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone(s) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Child lives with whom \_\_\_\_\_ Phone \_\_\_\_\_  
(if different)

Church Affiliation \_\_\_\_\_

**Other Children in the Family:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

**In case of emergency please contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

**Does your child have any allergy or medical problems?**

\_\_\_\_\_

**The following people are authorized to pick up your child from school:**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Registration Paid: \_\_\_\_\_ (Check # \_\_\_\_\_) \_\_\_\_\_ Cash (Receipt # \_\_\_\_\_)