



ELEMENTARY

Registration Form 2017-2018

Family Information

Family Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mom's Cell #: _____ Dad's Cell #: _____

Email: _____

Mom's First Name: _____ Last Name: _____

Dad's First Name: _____ Last Name: _____

Child #1

First Name: _____ Last Name: _____

Birthdate: Month _____ Day _____ Year _____ Grade: _____ Gender: Male / Female

Does your child have any allergies, special needs or anything we need to know? Yes _____ No _____

Please Explain: _____

Child #2

First Name: _____ Last Name: _____

Birthdate: Month _____ Day _____ Year _____ Grade: _____ Gender: Male / Female

Does your child have any allergies, special needs or anything we need to know? Yes _____ No _____

Please Explain: _____

Child #3

First Name: _____ Last Name: _____

Birthdate: Month _____ Day _____ Year _____ Grade: _____ Gender: Male / Female

Does your child have any allergies, special needs or anything we need to know? Yes _____ No _____

Please Explain: _____

Photo permission: Parents please be aware your child *maybe* photographed or video taped. Photos and videos will be used for SLEFC purposes only.

 **Parent Initials** _____