



# HIS KIDS ACADEMY REGISTRATION FORM

Child's Full Name \_\_\_\_\_

(First)

(Middle)

(Last)

Nickname \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F

Circle desired PT

Full-time (Mon-Fri.)  Part-time (M-W-F) OR (Tu-Th) Desired start date \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Parent / Guardian Information

**Father:** Name \_\_\_\_\_

Phone: Home \_\_\_\_\_

Cell \_\_\_\_\_

Address \_\_\_\_\_

Work \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

**Mother:** Name \_\_\_\_\_

Phone: Home \_\_\_\_\_

Cell \_\_\_\_\_

Address \_\_\_\_\_

Work \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Father Email: \_\_\_\_\_ Mother Email: \_\_\_\_\_

Text Messages: If text messages are the quickest way to reach you, specify below your network carrier (ie AT&T, Verizon, T-Mobile, etc) :

Father network carrier \_\_\_\_\_ Mother network carrier \_\_\_\_\_

*\*Texts will be sent to cell number provided above. Please specify other numbers you wish to receive texts*

### Authorized Child Pick Up (List all people besides parents authorized to pick up your child)

Name	Relationship	Phone	Cell / Network Carrier	Work

*\*Specify network carriers if you wish authorized people picking up your children to receive texts*

### Family Information (Please list any siblings or other people living with your child)

Name	Relation	Age

Please use the back for any additional information