



New Parent Registration Form

Family Last Name* _____

Address* _____

Street Address

City

State/Province

Postal/Zip Code

Mother/ Guardian Full Name* _____

First/ Last

If guardian- state relationship

Mother/ Guardian Phone #* _____ - _____

Area Code- Phone Number

Mother/ Guardian Email * _____

Father/ Guardian Full Name* _____

First/ Last

If guardian- state relationship

Father/ Guardian Phone #* _____ - _____

Area Code- Phone Number

Father/ Guardian Email * _____

*please let LIGHT DEPARTMENT leaders know of any non-traditional family situations we need to be aware of *

Child's Full Name _____

First/ Last

Child's Date of Birth _____ / _____ / _____

Month/Day/Year

Child's Gender [] Male [] Female

Allergies _____

Special Needs _____

Child's Age/Grade

[] Nursery/Toddler (Under 2)

[] 2nd grade

[] 2 Year old- 3 year old

[] 3rd grade

[] 4 year old- 5 year old

[] 4th grade

[] 1st grade

[] 5th grade

Child's Full Name

First/ Last

Child's Date of Birth

_____/_____/_____

Month/Day/Year

Child's Gender

[] Male [] Female

Allergies

Special Needs

Child's Age/Grade

- | | |
|-------------------------------|---------------------------|
| [] Nursery/Toddler (Under 2) | [] 2 nd grade |
| [] 2 Year old- 3 year old | [] 3 rd grade |
| [] 4 year old- 5 year old | [] 4 th grade |
| [] 1 st grade | [] 5 th grade |

Child's Full Name

First/ Last

Child's Date of Birth

_____/_____/_____

Month/Day/Year

Child's Gender

[] Male [] Female

Allergies

Special Needs

Child's Age/Grade

- | | |
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| [] 4 year old- 5 year old | [] 4 th grade |
| [] 1 st grade | [] 5 th grade |

Child's Full Name

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| [] 1 st grade | [] 5 th grade |