

IMMACULATE CONCEPTION JUST THE TWO OF US REGISTRATION FORM
Registration Fee -\$25.00 per child - NON-REFUNDABLE

Fall 2016 (pick one or both days) **Tuesday**___ **Thursday**___
Winter/Spring 2017 (pick one or both days) **Tuesday**___ **Thursday**___

Boy _____ Girl _____

| |
|---|
| Child's Last Name _____ First _____ Middle _____ |
| Address: _____ City _____ |
| State _____ Zip Code _____ Phone # _____ Date of Birth: _____ |
| Adult Attending with Child _____ Relationship _____ |

___ Check here if parents are separated or divorced.
If divorced or separated, with whom does the child live? _____

Mother: _____ Mother Employed By:
Full Name: _____ Company Name _____
Address: _____ Address: _____
Cell Phone () _____ Home Phone () _____
Email: _____

Father: _____ Living Father Employed By:
Full Name: _____ Company Name _____
Address: _____ Address: _____
Cell Phone () _____ Home Phone () _____
Email: _____

If Legal Guardian is someone other than parent:
Name of Legal Guardian _____ Relationship _____

Language Spoken at home
Language of Child: _____ other than English _____

Birth Certificate: _____ Immunizations: _____

Please use this space to advise us of any allergies, or medical condition.

Mother's Signature _____ Date _____

Father's Signature _____ Date _____