



Estrellitas en Español Registration

Enrollment is on going and is on a first come first served basis. PLEASE WRITE LEGIBLY

Child's Name: _____ Birthdate: ___/___/___ Age: _____ M/F

Parent/Guardian Name 1: _____

2: _____

Phone 1: _____ Phone 2: _____

Email 1: _____ Email 2: _____

Emergency Contact: _____ Relationship to Child: _____

Emergency Phone:(_____) _____ Allergies: _____

Class Arrival/Dismissal:

Please indicate which classroom # student will be in prior to arriving to Spanish class:
Please include Teacher's name.

Please indicate which classroom/program child will attend after Spanish if not being picked up

If student is being picked up after class, please list all that are authorized to sign child out.

Please note: All authorized individuals are required to show photo ID.

1.Name _____

Phone: _____

Relationship to child: _____

2.Name _____

Phone: _____

Relationship to child: _____

3.Name _____

Phone: _____

Relationship to child: _____