



Childs Name: _____

Preferred Name : _____

Gender:_____ Pronouns: _____

Age: _____ Date of Birth: __/__/____ Grade: _____

Home Address _____

Parents Name: _____

Phone Number:(____)_____ Or (____)_____

Email Address: _____

How Did you hear about the program:

Which Classes would your child Attend?

Three Things your child likes

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