



ARIZONA ARTS ACADEMY 2021 – 2022 PRESCHOOL REGISTRATION FORM

Date: _____

Birth Date: _____

Learner's Name: _____
Last First Middle

Address: _____

City, State, Zip: _____

Male <input type="radio"/> _____ Female <input type="radio"/> _____	Elective add ons that your child is interested in participating in: _____ _____ _____
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Father's Name: _____
Last First Middle

Address: _____
(If different from student)

Home Phone No. _____
(If different from student)

Cell Phone _____

E-mail Address _____

Mother's Name: _____
Last First Middle

Address: _____
(If different from student)

Home Phone No. _____
(If different from student)

Cell Phone _____

E-mail Address _____

If parents are separated/divorced indicate child's primary domicile: Mother _____ Father _____