

**PAAC KOLLEGE Student Registration Form**

2022-2023

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| --- | --- |
| **Parent 1** | **Parent 2** |
| First Name | First Name |
| Last Name  | Last Name |
| Street Address | Street Address |
| City | City |
| State Zip Code | State Zip Code |
| Phone # | Phone # |
| Email  | Email |
| **Child/Children** |
| **1st Child Name** | **2nd Child Name** |
| Birthdate: Month Day Year | Birthdate: Month Day Year |
| What skills are you interested in developing in yourchild? | What skills are you interested in developing in your child? |
| Is there other information you want to share about your child? | Is there other information you want to share about your child? |

Thank you for completing the registration form. We look forward to working with your family.

If you have any questions. Please do not hesitate to contact us. Please email completed form to:

Gerry Maxwell-Jones gmaxwelljones45@gmail.com

Gerry Taylor tayger@verizon.net