**2025-2026 Wednesday Night Program Registration**

\* Child’s Name:

\* Birthday:

\* Grade in School:
▢ Kindergarten ▢ 1st ▢ 2nd
▢ 3rd ▢ 4th ▢ 5th

School:

\* Allergies or Medical Concerns: ▢ None
▢

Child’s Phone Number:

\* Parent/Guardian Name(s):
\* Parent/Guardian Email Address:

\* Address:

\* Parent/Guardian Primary Phone Number:

What Kind of Phone:
▢ Mobile ▢ Home ▢ Work

Emergency Contact (Name and Number):

Who else can pick up your child:

Additional Comments: