



Student Registration Form Reading Program

Please fill out one form per child.

Last Name:\_\_\_\_\_ First Name:\_\_\_\_\_ Age:\_\_\_\_\_

Gender:\_\_\_\_\_ Birthday:\_\_\_\_\_ Grade attending this Fall:\_\_\_\_\_

School:\_\_\_\_\_

Home Address:\_\_\_\_\_

City:\_\_\_\_\_ Zip Code:\_\_\_\_\_ Home Phone:\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone:\_\_\_\_\_

Email:\_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone:\_\_\_\_\_

Email:\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell Phone:\_\_\_\_\_

Primary Doctor's Name: \_\_\_\_\_ Phone:\_\_\_\_\_

**Other people authorized to pick up your child:**

Name	Cell Phone	Relationship

Are you aware of any social skills, developmental or learning difficulties your child may have, so I may better serve him/her/them? (Please elaborate)

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Does your child have any allergies?\_\_\_\_\_

How did you hear about Funtastico Learning?\_\_\_\_\_