

"My Chinese TreeHouse" After-School Program

Registration Form

Date ___/___/20__

Student information:

DOB _____ Age _____ Rising Grade _____

Male Female

First Name _____ Last Name _____

Preferred Name or Nickname _____

Address _____

City _____ State ___ Zip _____

Phone Number (□□□) □□□-□□□□ E-mail _____ @ _____

PICK-UP CODE WORD □□□□□□□□□□

PARENTS/GUARDIANS MUST HAVE A PICK-UP CODE WORD TO PICK UP THEIR STUDENT!

Mother/Guardian _____

Address _____

City _____ State ___ Zip _____

Father/Guardian _____

Address _____

City _____ State ___ Zip _____

Mother Home # (□□□) □□□-□□□□ Father Home # (□□□) □□□-□□□□

Guardian Home # (□□□) □□□-□□□□

Mother Cell # (□□□) □□□-□□□□ Father Cell # (□□□) □□□-□□□□

Guardian Cell # (□□□) □□□-□□□□

Mother Work # (□□□) □□□-□□□□ Father Work # (□□□) □□□-□□□□

Guardian Work # (□□□) □□□-□□□□

Mother's Signature _____

and/or Father's Signature _____

and/or Guardian's Signature _____