

"My Chinese TreeHouse" After-School Program

Registration Form

Date __ / __ / 20 __

Student information:

DOB __ / __ / 20 __ - Age ____ Rising Grade ____

Male Female

First Name _____ Last Name _____

Preferred Name or Nickname _____

PICK-UP CODE WORD _____

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

Mother/Guardian

First Name _____ Last Name _____

Address _____

City _____ State __ Zip _____

Phone Number((____ - ____ - ____) - E-mail _____ @ _____ . _____

Father/Guardian

First Name _____ Last Name _____

Address _____

City _____ State __ Zip _____

Phone Number((____ - ____ - ____) - E-mail _____ @ _____ . _____

Additional Info you wish us to have: _____

(All info is deemed confidential and will not be shared with anyone other than MCTH staff)