

LITTLE RED REGISTRATION FORM*

STUDENT INFO

Child's Name		Date of Birth	
Address			
Phone Number			
Mobile Number			

MEDICAL INFORMATION

Doctor's Name		Phone	
Address			
Medical Concerns/ Allergies			

EMERGENCY CONTACTS

Name		Phone	
Relation			
Name		Phone	
Relation			

PROGRAM

PLEASE CIRCLE THE PROGRAM YOU ARE REGISTERING FOR:

School Year						Summer			
Full Time						Full Time			
Full Time Days	M	T	W	TH	FR				
Part Time						Part Time			
Part Time Days	M	T	W	TH	FR	T	W	TH	FR
*Please note there is \$75 non-refundable registration fee									