



100 Maple Street, Glens Falls, NY 12801

(518) 409-8124

## Registration

### Office use only

School year \_\_\_\_\_

Assigned Class \_\_\_\_\_

Enrollment date \_\_\_\_\_

Registration paid date \_\_\_\_\_

Form of payment \_\_\_\_\_

Amount paid \_\_\_\_\_

Child Full Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Parent 1 Full Name \_\_\_\_\_ Email address \_\_\_\_\_

Parent 1 Full Address \_\_\_\_\_

(Please include PO Box if applicable)

Parent 1 Contact phone numbers (home) \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Parent 1 Employer \_\_\_\_\_

Employers Address \_\_\_\_\_

Parent 2 Full Name \_\_\_\_\_ Email address \_\_\_\_\_

Parent 2 Full Address \_\_\_\_\_

(Please include PO Box if applicable)

Parent 2 Contact phone numbers (home) \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Parent 2 Employer \_\_\_\_\_

Employers Address \_\_\_\_\_

Child Lives with \_\_\_\_\_

If applicable, is there a custody agreement? \_\_\_\_\_ Can the non-custodial parent pick up? \_\_\_\_\_

\*If non-custodial parent cannot pick up a copy of custody papers is required for enforcement.

### EMERGENCY CONTACTS:

Please include names of people who we should contact in case of emergency if the parents listed above cannot be reached. Please be sure to tell them they are listed as emergency contact for your child and if called may be asked to pick the child up from school. By listing them here, you give permission for them to pick your child up from Tiny Hands Academy.

First: Full Name: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Second: Full Name: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Third: Full Name: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Please list any and all children's allergies:

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