

Registration Form

STUDENT INFORMATION		
Child 1 Name (<i>Last, First, M.I.</i>):		Sex: M F
DOB:	Age:	Grade:
Which program(s) are you enrolling your child in: SW Atlanta Christian Homeschool Co-op The After-School Program for Young Entrepreneurs Camp GMPT	Additional Information:	
Child 2 Name (<i>Last, First, M.I.</i>):		Sex: M F
DOB:	Age:	Grade:
Which program(s) are you enrolling your child in: SW Atlanta Christian Homeschool Co-op The After-School Program for Young Entrepreneurs Camp GMPT	Additional Information:	
Child 3 Name (<i>Last, First, M.I.</i>):		Sex: M F
DOB:	Age:	Grade:
Which program(s) are you enrolling your child in: SW Atlanta Christian Homeschool Co-op The After-School Program for Young Entrepreneurs Camp GMPT	Additional Information:	

PARENT/GUARDIAN CONTACT INFORMATION	
Primary Parent/Guardian Contact Information	
Name:	Relationship:
Address:	
City, State, Zip:	
Home/Cell Phone:	Work Phone:
E-mail address:	
Employer (name and address):	
Secondary Parent/Guardian Contact Information	
Name:	Relationship:
Address:	
City, State, Zip:	
Home/Cell Phone:	Work Phone:
E-mail address:	
Employer (name and address):	

ADDITIONAL CONTACT INFORMATION

Additional Contacts A copy of a current government issued photo ID will be placed on file for everyone listed below.

Emergency Contacts (other than parent/guardian if there are not two listed above)

Name & Relationship	Address/City/State/Zip	Telephone Number

Drop-off/Release Contacts *****IN-PERSON STUDENTS ONLY*****

Name & Relationship	Address/City/State/Zip	Telephone number
	Check if this person is also an emergency contact.	
	Check if this person is also an emergency contact.	

By signing and submitting this application, I hereby and confirm that the information contained in this application is true and correct.

Parent/Guardian's Signature

Date

Administrator's Signature

Date