Registration Form

2	STUDENT INFORMATION			
Child 1 Name (Last, First, M.I.):		Sex: A	۸ F	
DOB:	Age:	1	Grade:	
Which program(s) are you enrolling your child	d in: Additional Informatic	on:		
SW Atlanta Christian Homeschool Co-op				
The After-School Program for Young Entre	preneurs			
Camp GMPT				
		a b		
Child 2 Name (Last, First, M.I.):		Sex: A		
DOB:	Age: d in: Additional Informatic		Grade:	
Which program(s) are you enrolling your child	a in: Additional informatio	on:		
SW Atlanta Christian Homeschool Co-op				
The After-School Program for Young Entr	epreneurs			
Camp GMPT				
Child 3 Name (Last, First, M.I.):		Sex: A	۸ F	
DOB:	Age:		Grade:	
Which program(s) are you enrolling your child	our child in: Additional Information:			
SW Atlanta Christian Homeschool Co-op				
The After-School Program for Young Entry	opropours			
Camp GMPT	cproneors			
	JARDIAN CONTACT INFORMATI	ION		
Primary Parent/Guardian Contact Information				
Name:	Relationship:			
Address:				
City, State, Zip:				
City, State, Zip: Home/Cell Phone:	Work Phone:			
	Work Phone:			

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/Pologso Con						
Name & Relationship	off/Release Contacts ***IN-PERSON STUDENTS ONLY*** & 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

Administrator's Signature

Date

Date

If the submit button does not work, email completed application to homeschool@GMPTutoring.org