Canyon Prep Academy
Kindergarten Enrichment Registration Application
2017-2018

Childs Name_____
First Middle Last

Name child goes by if other than above: _____

Date of Birth _____ Male Female
(circle one)

Home Address: _____

City: _____ Zip Code: _____

Parents/Guardians: _____

Home Phone: _____ Work #'s: _____

Mom's cell: _____ Email: _____

Dad's cell: _____ Email: _____

Emergency
Contact:_____
Name Phone # Relationship

Person(s) authorized to pick up my child: (other than parents)

_____

_____

_____
Name Phone # Relationship

5 days/week enrollment is recommended, an option for 4 or 3 days as space allows.

Days I would like my child to attend: (Circle all that apply)

Monday Tuesday Wednesday Thursday Friday

OFFICE USE ONLY

Registration Fee of $35.00 – Date Paid: _____

Cash or Check # _____