

Canyon Prep Academy Kindergarten Enrichment Registration Application 2018-2019

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

Child's Allergies (if any) _____

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 # _____