

Crochet Registration FALL - 2020

Class _____

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
Home Phone	Cell Phone	Home Phone	Cell Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	
Current Grade Level			

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
Home Phone	Work Phone
Home Phone	Work Phone
Address	
Address	
City, ST ZIP Code	
City, ST ZIP Code	

Email Address _____

Please initial and signed below

I understand the makeup session will be schedule based on the availability of Mrs Nieto and only if the student has a valid absence. _____ (initial)

Mrs Nieto has my permission to post pictures of my child in Patricia's Crochet Facebook. No names are posted. Yes [] No [] _____(initial)

Class updates may be sent to my cell phone. Yes [] No [] _____(initial)

Signature/Date
