

**Crochet Registration Winter 2021**

Class \_\_\_\_\_

_____	_____	M	F
Child's Name	Date of Birth	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 \_\_\_\_\_