Quick Registration Form

Name of Facility: The Big Playhouse

CHILD'S START DATE:_____/_____/_____   SEX: M_____F_____   DATE OF BIRTH:_____/_____/_____

               YY   MM   DD   YY MM DD

NAME OF CHILD: _____
                          (Surname)   (Given Names)   (Also Known As)

Name the child responds to: _

Address:_____

Postal code:_____Phone:_____

Person(s) with whom the child lives (adults and children): _

Child's first language:_____Other languages:_____

Parent(s) / guardian(s):

Name: _____ _ Home phone: _____ _ Cell phone: _____

Work phone:_____Days/hours of work:_____ E-mail:_____

Name:_____ Home phone:_____ Cell phone: _____

Work phone:_____Days/hours of work:_____ E-mail:_____

Classroom Name: _____