

Peace Community Learning Center Registration Information Sheet

Student Name: _____

Address

City State Zip Code

Phone: _____
(Area Code) Number

Birthdate: _____

Circle One: Girl Boy

Siblings: Name/Age

Religion: _____

Home Church: _____

Pastor/Priest: _____

School District: _____

Emergency Information:

Hospital Preferred: _____

Doctor: _____
Name

Phone Number

Person(s) authorized to pick up child daily or in an emergency:

1. _____
Name Address Phone

2. _____
Name Address Phone

Signature: _____
Parent/Guardian

Rev. 1/2013

Mother/Guardian: _____

Address/Phone # (if different than child's)

Cell Phone: _____
(Area Code) Number

E-mail: _____

Occupation: _____

Company: _____
Name

Address

Phone

Work Days/Hours: _____

Marital Status: _____

Father/Guardian: _____

Address/Phone # (if different than child's)

Cell Phone: _____
(Area Code) Number

E-mail: _____

Occupation: _____

Company: _____
Name

Address

Phone

Work Days/Hours: _____

Marital Status: _____

Signature: _____
Parent/Guardian (both required if married, residing
In the same house, or if custody is shared.)

