



Little Masters Registration Form

Child's Name: _____ *Date of Birth:* _____

Class(es) signing up for: _____

Address:

Parent Information:

Email: _____

Mother's Name: _____ *Home Phone:* _____

Business Phone: _____ *Cell Phone:* _____

Father's Name: _____ *Home Phone:* _____

Business Phone: _____ *Cell Phone:* _____

Emergency Contact (other than parent):

Name: _____ *Relationship to Child:* _____

Phone #: _____

Doctor's Information:

Name of Pediatrician: _____ *Phone #:* _____

Please list all allergies: _____