

Business Phone: _____ Work Hours: _____

(over)

Person to notify in case of an emergency, when parents cannot be reached:

Name: _____ Relationship to student: _____

Address: _____ Phone: _____

All the above information which I have provided is accurate. I have read, understand, and agree to the information contained in the opening paragraph of this registration form.

Parent's Signature: _____ **Date:** _____

For Academy Use Only

Member of Peace

Completed and Signed Registration Form received by: _____ Date: _____

Registration Fee received by: _____ Date: _____

Child Health Report received by: _____ Date: _____

Medical Consent Form received by: _____ Date: _____

Immunization Record received by: _____ Date: _____