



THE SCHOOLHOUSE
REGISTRATION FORM
2011-12

PLEASE COMPLETE ALL SECTIONS

Child's Legal Name _____ **Birthdate** _____

Address _____

Home Telephone _____ Child's Nickname _____

Parent/Guardian Legal Name _____ **Employer** _____

Home Address (if different from above) _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email Address _____

Employer Address

Check here if employer has a matching gift program.

Parent/Guardian Legal Name _____ **Employer** _____

Home Address (if different from above) _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email Address _____

Employer Address

Check here if employer has a matching gift program.

MEDICAL INFORMATION*

*** NEW PARENTS must submit a copy of the child's Immunization Certificate. Include it with this form or have it faxed to the office at 864-0636.**

Physician _____ Telephone _____

Dentist _____ Telephone _____

Please describe any allergies, medications or special dietary requirements or restrictions:

EMERGENCY CONTACT INFORMATION

If neither parent can be reached in case of emergency, call:

1. _____
Name Phone Alternate Phone

Address _____ Relationship to child _____

2. _____
Name Phone Alternate Phone

Address _____ Relationship to child _____

GRANDPARENT INFORMATION

We like to keep grandparents and other close family members informed of news and events at the Schoolhouse. You can help us by providing the following information

Grandparent Name(s) _____

Address _____

Email Address(es) _____

Grandparent Name(s) _____

Address _____

Email Address(es) _____

PARENT SKILLS

As a small, nimble organization we rely on the talents (hidden and apparent) of our community members. Please let us know if any such talents you might be willing to share with the community. Thanks so much!!

- | | |
|---|--|
| <input type="checkbox"/> Writing and Editing | <input type="checkbox"/> Grant Writing/Fundraising |
| <input type="checkbox"/> Computer Repair/Troubleshooting | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Music/Drama/Arts | <input type="checkbox"/> Carpentry and General Repair |
| <input type="checkbox"/> Substitute Teaching | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Landscaping/Gardening/Mowing | <input type="checkbox"/> General office and organizational skills |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Finances and Accounting |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Other _____ (please specify) | |

I would like to teach a short course during the following session on the day indicated:

Session 1 Weeks of 9/19 to 10/17

- Tuesdays, 1-2 pm
- Fridays, 8:45-9:45 am

Session 2 Weeks of 10/24 to 11/14

- Tuesdays, 1-2 pm
- Fridays, 8:45-9:45 am

Session 3 Weeks of 1/9 to 2/6

- Tuesdays, 1-2 pm
- Fridays, 8:45-9:45 am

Session 4 Weeks of 3/12 to 4/9

- Tuesdays, 1-2 pm
- Fridays, 8:45-9:45 am

Session 5 Weeks of 5/7 to 6/4

- Tuesdays, 1-2 pm
- Fridays, 8:45-9:45 am

