

Foundation for Learning

106 Griswold Street
Glastonbury, CT 06033
860-430-1665

Child Registration Form

Child's Name: _____ Male / Female

Date of Birth: _____ Age: _____

Child's Home Address: _____

Home Phone Number: _____ Primary Language: _____

Mother's Cell Phone Number: _____

Father's Cell Phone Number: _____

Mother's Name: _____ Place of Employment _____

Work Number: _____ Occupation: _____

Employment Address: _____

Email: _____

Father's Name: _____ Name of Employer: _____

Work number: _____ Occupation _____

Employment Address: _____

Email _____

In Case of an Emergency:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Who is allowed to Pick Up your child in the event you are unable?

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

*If you have medical insurance? _Name of Company and number;

Parent/Guardian's Signature Date

Witness Date