



Enon's Co-op

Middle school & High School

REGISTRATION FORM

(Please Print Clearly)

Child's Name _____ Child's gender _____

Child's age _____ Date of Birth _____ Last School Grade Completed _____

Name of Parent(s) _____

Street Address _____ City _____ State _____ Zip _____

Home phone (____) _____ Parent/caregiver's cell phone (____) _____

Home email address _____ Home Church _____

Allergies or other medical conditions _____

In case of emergency, contact _____

Phone _____ Relationship _____

Whom else may pick up your child? _____

Do we have your permission to take pictures of your child during activities for end of week slideshow? ___yes___no

Circle one class per hour.

1 st Hour-	Tutoring	Exploring the Old Testament
2 nd Hour-	Tutoring	Art Music
3 rd Hour-	Tutoring	Creative Sewing