



Registration Information

Date_____

Child's Name_____ Birth date_____

Please select classtime/days AM_____ M_____ T_____ W_____ T_____ F_____

Summer Camps (please list week(s) and how many days)_____

Mother/Guardian's Name	Day/Work Phone	Cell Phone
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Father/Guardian's Name	Day/Work Phone	Cell Phone
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If the Parent/Guardian cannot be reached in an emergency, whom may we call?

Name	Day/Work Phone	Cell Phone
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Name	Day/Work Phone	Cell Phone
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If your child is going to be picked up from the school by anyone other than the parents/guardians or emergency contacts, Illuminate School requires a letter of consent written by the parent/guardian.

Permission for Field Trips

I hereby give my child permission to go on any field trips or excursions planned by Illuminate School.

Parent/Guardian Signature

Date