

Class Name _____

Days _____

C.A.S.A. REGISTRATION FORM

2020-2021 School Year

CHILD'S NAME _____ NAME CALLED _____

CURRENT AGE _____ SEX _____ BIRTHDATE _____ PHONE # _____

ADDRESS _____ CITY _____ ZIP _____

CHURCH HOME _____

FATHER'S NAME _____ OCCUPATION _____

DAD WORK # _____ DAD CELL # _____

MOTHER'S NAME _____ OCCUPATION _____

MOM WORK # _____ MOM CELL # _____

OTHER CHILDREN IN THE HOME & THEIR AGE _____

CHILD'S PHYSICIAN TO BE CONTACTED IN CASE OF EMERGENCY

NAME _____ PHONE# _____

INSURANCE CARRIER _____

POLICY NUMBER _____

PERSON'S AUTHORIZED TO PICK UP CHILD (OTHER THAN PARENTS)

NAME _____ PHONE# _____

RELATIONSHIP TO
CHILD _____

NAME _____ PHONE# _____

RELATIONSHIP TO
CHILD _____

SPECIAL NEEDS (ALLERGIES, EMOTIONAL, DEVELOPMENTAL, AND HEALTH)

PERSONS TO CONTACT IN CASE OF EMERGENCY (OTHER THAN PARENTS)

EMAIL ADDRESS: _____

