

Class Name \_\_\_\_\_

Days \_\_\_\_\_

# C.A.S.A. REGISTRATION FORM

2021-2022 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: \_\_\_\_\_

