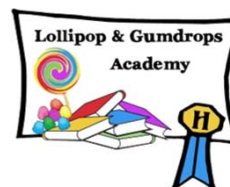


Lollipop and Gumdrops Academy
Registration Information



Student's Name _____ Age _____ DOB ___/___/___ Male / Female

Address _____ City _____ Zip _____

Home Phone# _____ Work Phone# _____ Email _____

Mother's Name _____ Cell# _____

Father's Name _____ Cell# _____

Please list any Food Allergies we need to be aware of...

In Case of Parent unavailability in an Emergency Contact...

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

I do hereby release Lollipop and Gumdrops Academy owner Michelle Horne and the employees from liability expense with respect to claims for or accidental injury sustained when in the above registered student is in their care.

I also authorize the employees of Lollipop and Gumdrops Academy to notify emergency help in case of accident or injury to my child while participating in their program.

Parent Signature _____ Date _____

A non-refundable registration fee of \$50.00 must be paid to ensure your child's space!

Class/Time registered for (circle the time that is wanted):

3 yr
Mon/Wed PM
Tue/Thur AM

4 yr
Mon/Wed/Fri AM
Tue/Thur/Fri PM

Please list anyone who is allowed to pick up your child:

