

# CHB's Learning Zone Fall 2006 Registration Form

Parent's Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Spouse Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Names of Children to Enroll:

Each Child's Birth Date:

| Names of Children to Enroll: | Each Child's Birth Date: |
|------------------------------|--------------------------|
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**Emergency Contact Information:** If I am off campus, a situation involving my child arises, and you are unable to contact me at the numbers above, please contact one of the following people in the order listed:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

By signing this registration, you are agreeing to hold harmless Southern Acres and the volunteers at Learning Zone for accidents that may occur. In short, you are ultimately responsible for your child's safety.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_