

WILDFLOWER SCOUTS

REGISTRATION FORM

DATE: _____ Sessions signing up for: Fall session Winter session Spring session

Full name of child: _____ Birthdate: _____

Name child goes by: _____ Gender: F M

Names & ages of other children in family: _____

Agreed upon tuition for semester: _____. I plan to pay _____ by Sept. 1
OR _____ in monthly installments of _____ on the 1st of each month.

I prefer to pay year in full (save 6%) pay by monthly installment (rate divided by 10 months)
Carpool plan: With 1 other family With 2 other families Don't plan on carpooling Bike/walk
Please do do not give my name & contact info out to other registrants for carpooling.

Any before or afterschool child care needed: Yes No Maybe on occasion
(Note: offered by special arrangement, unless signups here warrant regular before/after program.)

Parent/Guardian Name: _____ Email Address: _____

Relationship (mother, father, stepmother, guardian, etc.) _____

Address: _____
Street Address City Zip

Mailing Address: _____
Address or P.O. Box City Zip

Phone: (home) _____ work: _____ cell: _____

Occupation: _____ Employer: _____

Place of Employment: _____
Street Address City Zip

Parent/Guardian Name: _____ Email Address: _____

Relationship (mother, father, stepmother, guardian, etc.) _____

Address: _____
Street Address City Zip

Phone: (home) _____ work: _____ cell: _____

Occupation: _____ Employer: _____

Place of Employment: _____
Street Address City Zip