

WILDFLOWERS NATURE SCHOOL HOMESCHOOL PROGRAM

REGISTRATION FORM

School Year applying for: _____ Today's Date: _____

Full name of child 1: _____ Birthdate: _____ Gender: F M

Full name of child 2: _____ Birthdate: _____ Gender: F M

Full name of child 2: _____ Birthdate: _____ Gender: F M

Any nicknames? _____

Names & ages of other children in family: _____

Are children enrolled in a homeschool program? Yes No If so, which one: _____

Are you planning on paying balance by Aug.15 (save 16.5%) or by installments

Are you planning on carpooling? _____

Please do do not give my name & contact info out to other registrants.

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