

WUSYG REGISTRATION FORM

Family Name \_\_\_\_\_

Child's Last Name, if different \_\_\_\_\_

Child's First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Child's Email (Optional) \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Information

Mother's First Name \_\_\_\_\_ Email (Optional) \_\_\_\_\_

Mother's Phone (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Father's First Name \_\_\_\_\_ Email (Optional) \_\_\_\_\_

Father's Phone (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Would you like to receive monthly updates about COA/WUSYG by email? Yes No

(If Yes, circle the Emails above to be included)

If child has special needs (learning disability, handicaps, allergies), please indicate:

\_\_\_\_\_  
\_\_\_\_\_

Is there anything else we should know about your child?

\_\_\_\_\_