

REGISTRATION FORM

Christianne's Lyceum of Literature and Art

Contact Information

Parent/Guardian Name: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email: _____
Address: _____
City: _____ Postal Code: _____

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Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email: _____
Address: _____
City: _____ Postal Code: _____

Communication emails should go to: _____

Emergency Contact Information

Emergency Contact Name: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____

First Child's Information

Child's Name: _____
Date of Birth (dd/mm/yy): ____/____/____
School: _____
Allergies (please indicate severity): _____

Medical Issues: _____

Other information: _____

Registering for: _____

Second Child's Information

Child's Name: _____

Date of Birth (dd/mm/yy): ___/___/___

School: _____

Allergies (please indicate severity): _____

Medical Issues: _____

Other information: _____

Registering for: _____

Third Child's Information

Child's Name: _____

Date of Birth (dd/mm/yy): ___/___/___

School: _____

Allergies (please indicate severity): _____

Medical Issues: _____

Other information: _____

Registering for: _____

How did you hear about the Lyceum? (please circle all that apply)

website teacher advertisement newspaper word of mouth

other _____

We protect and respect your privacy. Your personal information is only used for communication purposes, and to ensure the safety of your child in our programs. We will not give out your personal information without your prior consent.