

**FOR OFFICE USE ONLY**

Reg. Fee Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_

Cash: \_\_\_\_\_

Date Received: \_\_\_\_\_



CLASSES ARE FILLED ON A FIRST COME BASIS AS REGISTRATIONS/FEEES ARE RECEIVED

<h1>2022-2023 School Year</h1>
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Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Name Your Student Should Write: \_\_\_\_\_

Student Lives With: \_\_\_\_\_ Other children in the house/ages: \_\_\_\_\_

Home Church: \_\_\_\_\_

**PARENT INFORMATION**

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

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

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

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

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**EMERGENCY CONTACT**

Please List two people other than you in case of emergency

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

**HEALTH INFORMATION**

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

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Give a description of your child's general health (including allergies and medications): \_\_\_\_\_

**WHO WILL BE PICKING UP YOUR STUDENT?**

Please list the name(s) of those who are authorized to pick up your child. **PLEASE** list only those who will be picking up your student on a **REGULAR BASIS**.

Name: \_\_\_\_\_ Best Contact Number \_\_\_\_\_

Name: \_\_\_\_\_ Best Contact Number \_\_\_\_\_

Name: \_\_\_\_\_ Best Contact Number \_\_\_\_\_

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