AIM Registration Form (Please Print CLEARLY)

Name			Birthday	
Address Street, City, Zip Code				
Home Phone		Cell Phone		
Email			Payment (please circle)	Pre-Pay ($27) Monthly ($3) Scholarship

Child (ren) that will be in Childcare during AIM

Name	Birthday	Class as of 9-1-09 (Nursery, 2-3 years, 4-5 years)

Emergency Contact and Medical Information for a Child

Child's Name _____ Date of Birth _____ M F Sex

Parent's/Guardian's Name _____

Medical Information

Allergies (food and or drug)/Special Health Considerations _____

Physician's Name _____ Phone Number _____

Emergency Contact and Medical Information for a Child

Child's Name _____ Date of Birth _____ M F Sex

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Medical Information

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