



REGISTRATION FORM

PLEASE FILL OUT AND RETURN TO THE INFO CENTER.

Name of Parents: _____

Marital Status: _____

Address (if different than our records): _____

Best contact method: (circle one)

home phone cell phone home email work email Facebook

Home Phone: _____

Cell Phone: _____

Home Email: _____

Work Email: _____

Playgroup meeting time: (circle one)

morning evening

CHILDREN'S INFO:

1. Name: _____ Birthdate: _____

Allergies/Special Needs: _____

2. Name: _____ Birthdate: _____

Allergies/Special Needs: _____

3. Name: _____ Birthdate: _____

Allergies/Special Needs: _____

Name one person you want to be grouped with: _____

How long have you attended Northside? _____

Which service do you normally attend? (circle one) 4 pm 6 pm 9 am 11 am