



Morenci Early Learning Center Registration 2015-2016 School Year

1	Parents /Guardians-Must be legal Guardians-all others should be listed as Emergency Contact below		
1st Contact	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Legal Guardian (please specify)		
	Last Name:		First Name:
	Home Phone:	Work Phone:	Cell Phone:
	Physical Address:		Mailing Address:
	Email Address:		
2nd Contact	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Legal Guardian (please specify)		
	Last Name:		First Name:
	Home Phone:	Work Phone:	Cell Phone:
	Physical Address (write SAME if child's Residential address):		Mailing Address:
	Email Address:		
2	Emergency Contact		
Relationship: <input type="checkbox"/> Step-parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other			
Last Name:		First Name:	
Home Phone:	Work Phone:	Cell Phone:	
Relationship: <input type="checkbox"/> Step-parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other			
Last Name:		First Name:	
Home Phone:	Work Phone:	Cell Phone:	
Relationship: <input type="checkbox"/> Step-parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other			
Last Name:		First Name:	
Home Phone:	Work Phone:	Cell Phone:	
Relationship: <input type="checkbox"/> Step-parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other			
Last Name:		First Name:	
Home Phone:	Work Phone:	Cell Phone:	
3. Child Information (Please PRINT child's name exactly as it appears on the birth certificate)			
Legal Last Name:		Legal First Name	Full Middle Name
			Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
4. Ethnicity		5. Race (Check all that apply)	
Is this child Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native	
6. Child's PRIMARY racial/ethnic identity (choose only one)			
<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multiracial			

7. Language				
Primary language used in the home regardless of the language spoken by the child?	<input type="checkbox"/> English	Language most often spoken by the child?		<input type="checkbox"/> English
	<input type="checkbox"/> Spanish			<input type="checkbox"/> Spanish
	<input type="checkbox"/> Other _____			<input type="checkbox"/> Other _____
Language that the Child first acquired?	<input type="checkbox"/> English	8. Date of Birth		9. Country of Birth
	<input type="checkbox"/> Spanish	MM	DD	YYYY
	<input type="checkbox"/> Other _____			<input type="checkbox"/> Other

Indicate if you are interested in our morning or afternoon program. We will do our best to honor your wishes.

AM Session (8:30-11:30) or PM Session (12:30-3:30)

Parent/Guardian Signature

Date

Relationship to Child