



Date _____

Campus:

- ☐ Tates Creek
☐ Armstrong Mill

FOR STAFF
USE ONLY
FTV Bag?
☐

PARENT / GUARDIAN INFORMATION

Parent/Guardian Name _____

Primary Email _____

Primary Cell Phone _____

Address _____

City _____ State _____ Zip _____

Parent Date of Birth _____ Gender: ☐ Male ☐ Female

Parent/Guardian Name _____

Cell Phone _____

Parent Date of Birth _____ Gender: ☐ Male ☐ Female

CHILDREN

Child's Name _____

First (Goes By)

Last

Date of Birth _____ Gender: ☐ Male ☐ Female

Allergies/Special Needs _____

Grade _____ School _____

Age _____ Class _____

Child's Name _____

First (Goes By)

Last

Date of Birth _____ Gender: ☐ Male ☐ Female

Allergies/Special Needs _____

Grade _____ School _____

Age _____ Class _____

Child's Name _____

First (Goes By)

Last

Date of Birth _____ Gender: ☐ Male ☐ Female

Allergies/Special Needs _____

Grade _____ School _____

Age _____ Class _____