

**FSC Character School Visitor Registration 2011-12**

**Date Filled out:** \_\_\_\_\_

**Family Name (last name):** \_\_\_\_\_

**1. Children(s) Info: PLEASE PRINT CLEARLY! Please register all children ages 0 through 12<sup>th</sup> grade**

First Name (and last if different from above)	Birthday	Age	Grade in Fall	M/F

**2. Do any of your children have special medical, diet, or social needs?** ☐ yes ☐ no

\_\_\_\_\_

**Allergies?** \_\_\_\_\_

**3. Parent(s) First & Last Name(s):** \_\_\_\_\_

Parent(s) Email Address: \_\_\_\_\_

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

City: \_\_\_\_\_, MI      Zip : \_\_\_\_\_ Phone: \_\_\_\_\_