

Make Parenting A Pleasure Class Registration

Name: _____ Date: _____

Address: _____

City and Zip Code: _____

Home Phone: _____

Cell Phone: _____

Work Location: _____ Work Phone _____

Names of Children

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Please list any children, including those listed above, that are over three and that you will be bringing to child care: _____

Are there any dietary restrictions or medical issues that we should be aware of before while your child(ren) are in child care?

Return this form to Veneta Elementary School, Elmira Elementary School, or the Fern Ridge School District office. You can also mail it to Olivia Johnson, PO Box 370, Veneta, OR 97487. Or email it to ojohnson@fernridge.k12.or.us

