



6826 Springfield Avenue, Suite 204A, Laredo, Texas 78041 Phone: (956) 726-5337

APPLICATION FOR REGISTRATION

A NON-REFUNDABLE \$10 REGISTRATION FEE MUST ACCOMPANY EACH APPLICATION

Student Full Name: _____ Nickname: _____

Date of Birth: / / _____ Place of Birth: _____ Campus: _____ Grade: _____

Mailing Address: _____ E-mail Address: _____

Is the child a US Citizen? _____ Does the child live with parents? _____ If not, then with who? _____

PARENT or GUARDIAN INFORMATION

Parent or Guardian Name: _____ Telephone: _____

Parent or Guardian Employer: _____ Occupation: _____

EMERGENCY CONTACT INFORMATION (beside parents)

Name of Contact: _____ Telephone: _____ Relation: _____

Name of Contact: _____ Telephone: _____ Relation: _____

MEDICAL INFORMATION

Child's Doctor: _____ Address: _____ Telephone: _____

Print Name: _____ Signature: _____ Date: _____