

# 2015-2016 Registration



Name:

Birthday:

Address:

Phone:

Email:

Please provide the following information about all of your children:

Name	Age/Birthday	School? (Where & Year) or Home-Schooled?	Will attend with you?	Allergies? or Special Needs?

Questions? Please email them & the completed form to: [realmoms@windsorchurch.org](mailto:realmoms@windsorchurch.org)