

Registration Application

Child's Name _____ Boy Girl

Nickname _____

Birth Date (mm/dd/yyyy) _____

Home Address _____

Home Telephone Number _____

Mother's Name _____

Father's Name _____

Class requested (circle one):

Little Lambs Dew Drops

Mother's Employer & Phone # _____

Father's Employer & Phone # _____

Physician's Name & Phone # _____

Emergency Name & Phone # _____

Allergies _____

School District _____

Religious Affiliation _____

A non-refundable registration fee of \$20 is required with the application.

Please make check payable to Cato Christian Fellowship and mail along with application to:

Mrs. Debbie VanNorstrand

11365 Pople Road

Cato, NY 13033

Upon acceptance of applicant, additional information and forms may be requested.