

Rising Stars

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PRE-REGISTRATION FORM

Date of Registration:	
Desired First Day of Attendance:	
CHILD INFORMATION	
Child's Name:	Nickname:
Address:	
Birth Date:	Sex: M F
PARENT / GUARDIAN INFORMATION	<u> </u>
Mother's Name:	
Address:	Phone:
Employer Address:	Work Phone:
Father'sName:	
	Phone:
Employer Address:	Work Phone:
IMPORTANT NOTE	
ENROLLMENT: Prior to your child's fire	st day at the center all enrollment packages must be nter office along with the registration fees.
<u>we are unable to guarantee start da</u>	ate, enrollment is based upon availability.
Parent Signature	Date