

If your child is a returning student, please only fill this out if there are changes or updates.

**Palaestra for Preschoolers
Crenshaw Athletic Club
Parent and Family Information Form**

Child's Name _____ Program _____

Parent 1's Name _____ Parent 1's Cell _____

Address _____ Hm:Phone _____ Wk:Phone _____

Parent 2's Name _____ Parent 2's Cell _____

Address _____ Hm:Phone _____ Wk:Phone _____

EMAIL ADDRESS (print neatly) _____

(Optional) 2nd EMAIL ADDRESS (print neatly) _____

(This is required)

Emergency Name _____ Phone _____ Relationship _____

Address _____ City _____ State _____

Parties to whom we may release your child:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

I understand Crenshaw Athletic Club requires a 30 day notice should I choose to discontinue the Palaestra program. If I do not give notice, I am responsible for the monthly tuition. I also understand a fee will be assessed if my child is picked up late.

Parent's Signature _____ Date _____

List any other special problems or situations relative to your child's happiness or self esteem.

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE OFFICE IMMEDIATELY.