

FAMILY 2.0 REGISTRATION FORM

Case Number: _____ Order Date: _____ Preferred Class Date: _____

CHILD #1

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Food Allergies: _____

CHILD #2

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Food Allergies: _____

CHILD #3

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Food Allergies: _____

CHILD #4

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Food Allergies: _____

MOTHER

First Name: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

FATHER

First Name: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

CHILD(REN) CURRENTLY RESIDE WITH: MOTHER FATHER OTHER: _____

Please note if there are any special needs, or accommodations for your child(ren), as well as, any protection or restraining orders in place.

Please Remit Payment to:
Family & Children's Center
811 Monitor Street
La Crosse, WI 54603

RATES
1 Child = \$75 | 2 Children = \$140 | 3+ Children = \$200

AMOUNT ENCLOSED: _____

CLEAR FORM