 Parent University

 Registration Form

 February 1 to May 10

 Castleberry Elementary

 Every Thursday 5:00-6:15

Registration **Parent First & Last Name**

Information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Phone Number**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Address**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Which class will you be attending?**

 [ ]  English [ ]  Spanish

 **Please select the school(s) your children attend:**

 [ ]  AV Cato Elementary [ ]  Irma Marsh Middle School

 [ ]  Castleberry Elementary [ ]  Castleberry High School

 [ ]  Joy James Elementary [ ]  REACH High School

Childcare **Will you need childcare while you attend Parent University?**

Information [ ]  YES

 [ ]  NO

 **Please list the names and ages of your children who will be in**

 **childcare while you are in Parent University classes:**

|  |  |  |
| --- | --- | --- |
| **Child’s Name** | **Age** | **Allergies** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

A Castleberry ISD adult employee will be with your child while you are in class. Children will remain in the cafeteria and gym supervised by an adult at all times. You will be notified in case of emergency.

If you plan to leave your child(ren) in Parent University childcare, and agree to these terms, please sign below:

Signature