



NOAH'S NEW AMERICANS' REGISTRATION Year: 2019-2020

Child's Name: _____

Colonial Name: _____

Address: _____

Contact Phone #: _____ Alternate Phone # _____

E-mail Address (Parents'): _____

Birthday: _____ Age: _____

School Attending: _____

Mother: _____ Work/Cell Phone # _____

Father: _____ Work/Cell Phone # _____

=====
Emergency Contact: _____

Relationship to Child: _____

Telephone Number(s): _____
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Alternate Contact: _____

Relationship to Child: _____

Telephone # (s) _____

Health issues (food allergies, diabetes, asthma, etc.)? If so, please list.

___ I give permission for my child to be photographed/interviewed
for publicity purposes (newspapers, Noah Webster House programs, etc.).

___ I do not wish my child to be publicly photographed at the Noah Webster House.

Signed (Parent/Guardian) _____ Date: _____

*Registration fee \$50/yr (10% discount for multiple children registered)