



Mini-Cassia Community Children's Center  
720 J. Street  
Heyburn ID, 83336

Phone: 208.677.4320

Fax 208.677.4320



The information requested on this form is being collected as required by the administration of the Mini-Cassia Community Children's Center. All information acquired through this form is kept secure and access is restricted. M4C Kids operates as a 501 (c) 3 organization.

REGISTRATION FORM

office use only

Entry Date \_\_\_\_\_ Student ID Number \_\_\_\_\_ Payment Type Monthly \_\_\_\_\_ Weekly \_\_\_\_\_

Student's Legal Name \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address (if different from above): PO Box: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ (at time of registration) Sex:  Male  Female  
 Citizenship:  United States  Other Student's Home Telephone: \_\_\_\_\_  
 Mothers Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Fathers Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

In case of emergency or school closure, please provide us with names and phone numbers of contacts if M4C Kids cannot contact you.  
 Contact # 1 \_\_\_\_\_ Contact Number \_\_\_\_\_  
 Contact # 2 \_\_\_\_\_ Contact Number \_\_\_\_\_

Are there any particular medical problems your child may be experiencing which his/her teacher should be aware of?  Physical Disabilities  Allergies (including food allergies)  Serious Illness  
 Please explain: \_\_\_\_\_  
 Primary Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

**SIGNATURE REQUIRED:** I hereby declare that I have read and understood the information contained on this form and the information I have provided is correct.  
 Date: \_\_\_\_\_ Parent's Signature \_\_\_\_\_