



Orpheus "Nea Genia" Group

OFFICE USE ONLY

Registration Form

Fee \$275 per child

Deposit _____ Date: _____

Payment (_____) _____

Payment (_____) _____

Family (Last) Name			
Student(s) (First) Name			
Date of Birth			
Home Address			
City, State		Zip:	
Home Telephone Number			
Student E-mail(s)			
Father's Name		Cell or Work Phone	
	E-mail		
Mother's Name		Cell or Work Phone	
	E-mail		

Parent Marital Status:

___ Married ___ Divorced ___ Separated ___ Widowed

If Divorced or Separated, who has **Legal Custody:** ___ Mother ___ Father

Alternate contact other than parent for emergencies (*):

Name _____ Phone _____

Relation to child _____

*Contact Protocol: (1) Home phone, (2) Mother cell or work, (3) Father cell or work, (4) Alternate phone

Note - Alternate contact is a person you authorize to pick up your child

Complete both sides of the application

