

FRESH GROOVE REGISTRATION FORM



STUDENT FULL NAME: _____

DATE OF BIRTH: ___/___/_____ (DD/MM/YYYY)

MOTHER'S FULL NAME: _____

MOTHER'S CONTACT: (____) _____ - _____

MOTHER'S EMAIL: _____

FATHER'S FULL NAME: _____

FATHER'S CONTACT: (____) _____ - _____

FATHER'S EMAIL: _____

MOTHER &/OR FATHER'S NAME ON FACEBOOK:

(This is so we can add you on any Future Facebook Groups)

HOME ADDRESS: _____

STUDENT'S HEALTH CONDITION:

(Asthma, Heart Problems, Allergies, etc)

NAME OF PERSON DOING EMAIL TRANSFER: _____