



REGISTRATION FORM

Parent Name(s) _____

Street Address _____

City _____ State _____ Zip _____

Email Address (required) _____

Cell Phone Number _____

List all children including their names and ages:

Child 1 Name _____ Date of Birth _____

Child 2 Name _____ Date of Birth _____

Child 3 Name _____ Date of Birth _____

Child 4 Name _____ Date of Birth _____

Diaper/pull-ups sizes (may be used for incentive purposes): _____

Please share an special needs you or your children may need during our class sessions. Please share an special needs you or your children may need during our class sessions. _____

Questions? Please contact
United Way of Whiteside County
502 1st Ave.
Sterling, IL 61081
Phone: 815-625-7973
Fax: 815 -625-0447
Website: www.uwwhiteside.org