

<b>EASTVIEW HIGH SCHOOL CHILD PSYCHOLOGY AND DEVELOPMENT PLAYSCHOOL REGISTRATION</b>
--

Child's Name	Age	Sex (M/F)
Preferred Nickname	Birthdate	
Parent/Guardian Name	Home Phone #	
Street Address	Work Phone #	
City/Zip Code	Cell/Page #	
EVHS Student Contact (if there is one)	Email Address	

\*Please describe any allergies or special needs and/or circumstances we should know about.

Person(s) authorized to pick-up child other than parent.

Name	Relationship	Telephone Number
Name	Relationship	Telephone Number

**\*Please enclose a check for \$25.00 made payable to EVHS  
and a photograph along with this form:**

Mia Hendrickson  
 Eastview High School  
 6200 140<sup>th</sup> Street  
 Apple Valley, MN 55124