

**WILLIS INDEPENDENT SCHOOL DISTRICT  
EARLY BIRD PROGRAM REGISTRATION  
(please print)**

**NAME:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**STUDENT'S AGE:** \_\_\_\_\_

**STUDENT'S DATE OF BIRTH:** \_\_\_\_\_

**PARENT'S NAME:** \_\_\_\_\_  
\_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

(Please complete in full) \_\_\_\_\_

**HOME PHONE NUMBER:** \_\_\_\_\_

**WORK PHONE NUMBER:** \_\_\_\_\_

**EMERGENCY PHONE NUMBERS:** \_\_\_\_\_  
\_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

(For contact on Early Bird issues including payment issues.)

**ALLERGIES:**  
\_\_\_\_\_

**IMPORTANT INFORMATION ABOUT STUDENT:**  
\_\_\_\_\_  
\_\_\_\_\_

**I HAVE READ AND UNDERSTAND THE PRACTICES AND PROCEDURES OF  
THE WISD EARLY BIRD PROGRAM.**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**