THIRSTY DEER HOMESCHOOL COMMUNITY
Registrations for 2025-26 School Year

Parents' Names: _____
E-mail Address: _____
Phone Number: _____
Emergency Contact: _____
Carpool Interest: _____
If you are interested in potentially carpooling, please let me know your address and I will share only within the families with carpooling interest.
Children's Names, Dates of Birth, Allergies and/or Food Restrictions:

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

Parents' Allergies and/or Food Restrictions: _____
Relevant Medical or Developmental Needs: _____
Payment: _____
Group Music Class for Younger Siblings: _____

I agree and understand that registration is not complete without payment. I have read and understand the group's policies, including refund policy. If the group is capped when I register I understand I will be put on a waitlist.

_____
(signature)

_____
(date)