



REGISTRATION FORM

Please complete one form for each child. Please print.

Child's First Name: _____ Child's Last Name: _____

Child's Date of Birth: (M/D/Y) _____ Sex: (circle one) M or F

Child's mailing address: _____

_____ GA _____ County _____
City Zip Code

Parent's/Caregiver's Name: _____

Phone Number: (____) _____ Email address: _____

I certify that this child is under the age of 5 and a resident of Pickens County, GA.

Signature of Parent/Care Giver

Please mail completed registration form to:

Pickens Ferst Foundation for Childhood Literacy
P.O. Box 2062
Jasper, GA 30143