

# Registration Form

Identification & Emergency Information



**\*\*Please print clearly**

Date \_\_\_\_\_

Family Email \_\_\_\_\_

Paid Amt \_\_\_\_\_

**GUARDIAN #1**  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Driver's License \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

**GUARDIAN #2**  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Driver's License \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACTS**  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Driver's License \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACTS**  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Driver's License \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

**MEDICAL INFO**  
Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Medical Plan/# \_\_\_\_\_  
Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Dental Plan/# \_\_\_\_\_

**AUTHORIZED PERSONS FOR PICK-UP**  
Name \_\_\_\_\_ Name \_\_\_\_\_  
Name \_\_\_\_\_ Name \_\_\_\_\_  
Name \_\_\_\_\_ Name \_\_\_\_\_

**CHILD # 1 INFORMATION**  
First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Sex \_\_\_\_\_ Toilet Trained: Yes Remind No  
School Enrolled \_\_\_\_\_ Grade \_\_\_\_\_  
Allergies \_\_\_\_\_

**CHILD # 2 INFORMATION**  
First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Sex \_\_\_\_\_ Toilet Trained: Yes Remind No  
School Enrolled \_\_\_\_\_ Grade \_\_\_\_\_  
Allergies \_\_\_\_\_

**CHILD # 3 INFORMATION**  
First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Sex \_\_\_\_\_ Toilet Trained: Yes Remind No  
School Enrolled \_\_\_\_\_ Grade \_\_\_\_\_  
Allergies \_\_\_\_\_

**CHILD # 4 INFORMATION**  
First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Sex \_\_\_\_\_ Toilet Trained: Yes Remind No  
School Enrolled \_\_\_\_\_ Grade \_\_\_\_\_  
Allergies \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_