

Registration Form

Identification & Emergency Information



****Please print clearly**

Date _____

Paid Amt _____

**PRIMARY
PARENT/ GUARDIAN**

First Name _____ Last Name _____ Cell (____) _____

Address _____ City _____ State _____ Zip _____ Home (____) _____

Relationship to Child _____ Driver's License _____ Work (____) _____

Email _____

PARENT/ GUARDIAN

First Name _____ Last Name _____ Cell (____) _____

Address _____ City _____ State _____ Zip _____ Home (____) _____

Relationship to Child _____ Driver's License _____ Work (____) _____

Email _____

**EMERGENCY CONTACTS
(Other than Parents)**

First Name _____ Last Name _____ Cell (____) _____

Address _____ City _____ State _____ Zip _____ Home (____) _____

Relationship to Child _____ Driver's License _____ Work (____) _____

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 _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

**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 _____

Comments _____

Signature _____ Date _____