



## Child Information

Registration Date: \_\_\_\_\_

### 1st Child

Last Name		First Name		M.I.	Nickname
Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State City: _____ State: _____		Social Security #

Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
---------------------	-------	---------

Photos: May we take and maintain a photo of your child for security purposes?

☐ Yes ☐ No

### 2nd Child

Last Name		First Name		M.I.	Nickname
Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State City: _____ State: _____		Social Security #

Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
---------------------	-------	---------

Photos: May we take and maintain a photo of your child for security purposes?

☐ Yes ☐ No

### 3rd Child

Last Name		First Name		M.I.	Nickname
Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State City: _____ State: _____		Social Security #

Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
---------------------	-------	---------

Photos: May we take and maintain a photo of your child for security purposes?

☐ Yes ☐ No

Additional Comments & Information: \_\_\_\_\_





## Primary Guardian Information

Name(s) of person(s) with whom child is living

### 1st Primary guardian

Last Name	First Name	M.I.	Relationship to Child
Email Address	Work Phone	Cell Phone	
Occupation	Employer	Work Address	Work Hours

### 2nd Primary guardian

Last Name	First Name	M.I.	Relationship to Child
Email Address	Work Phone	Cell Phone	
Occupation	Employer	Work Address	Work Hours

Which Guardian Should be Called First?	Home Phone	Preferred language for written communication:	
Home Resident Street Address	Apt #	City	Zip Code
Mailing Address (if different than above)	Apt #	City	Zip Code

## Emergency Contacts and Authorized Pickups

### 1st emergency contact

Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____

### 2nd emergency contact

Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____

### 3rd Contact/Pickup

Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____





## Additional Comments

Is there is any other information that that would be helpful to our management and teaching staff?

---

---

---

---

---

## Signature

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

