



REGISTRATION FORM

CHILD:

NAME
ADDRESS
DATE OF BIRTH

PHONE

AGE

FATHER: Check Box if address is same as child

NAME
ADDRESS
OCCUPATION

HOME PHONE

WORK PHONE

MOTHER: Check Box if address is same as child

NAME
ADDRESS
OCCUPATION

HOME PHONE

WORK PHONE

EMERGENCY CONTACTS AND THOSE AUTHORIZED TO PICK UP YOUR CHILD

CONTACT #1:

NAME
ADDRESS
DRIVER'S LICENSE #

RELATIONSHIP

HOME PHONE

WORK PHONE

CONTACT #2:

NAME
ADDRESS
DRIVER'S LICENSE #

RELATIONSHIP

HOME PHONE

WORK PHONE



REGISTRATION FORM

MEDICAL INFORMATION

PHYSICIANS NAME
ADDRESS

PHONE

ALLERGIES

MEDICATIONS OR OTHER SIGNIFICANT MEDICAL INFORMATION
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SIGNATURE

DATE