

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

## Child Information

### 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		Social Security #
			City:	State:	

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

Allergies

Pediatrician's Name	Phone	Address
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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		Social Security #
			City:	State:	

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

Allergies

Pediatrician's Name	Phone	Address
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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		Social Security #
			City:	State:	

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

Allergies

Pediatrician's Name	Phone	Address
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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
Mailing Address (if different than above)		Apt #	City
			Zip Code
			Zip Code

**Second Guardian Information***Non-primary custodial parent*

1st Non-primary Guardian			
Last Name	First Name	M.I.	Relationship to Child
Email Address	Work Phone		Cell Phone
2nd Non-primary Guardian			
Last Name	First Name	M.I.	Relationship to Child
Email Address	Work Phone		Cell Phone
Which Guardian Should be Called First?		Home Phone	Should mailings be sent to this household also? [ ] Yes [ ] No
Second Household Mailing Address		Apt #	City
			State
			Zip Code

Additional Comments &amp; Information: \_\_\_\_\_



## Emergency Contacts and Authorized Pickups

1st 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: _____		

  

2nd 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: _____		

  

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 and Information

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

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## Signature

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

\_\_\_\_\_  
Date

