



Family Registration Form

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		
			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		
			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		
			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				
2nd Primary Guardian						
Last Name	First Name		M.I.	Relationship to Child		
Email Address	Work Phone		Cell Phone			
Occupation	Employer	Work Address				
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		

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 & 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?

Signature

Parent / Guardian Signature

Date