

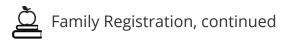


Registration Date:

Last Name								
Last Name			First Name			M.I.	Nickname	
Entering grade	[ ] Male [ ] Female	Birth I	Date	Birth City/St	ate			
	[ ] Prefer not to specify					State:		
Existing medical con-	ditions, medications and/or spe	cial atter	ntion your child may re	equire				
Allergies								
Pediatrician's Name			Phone Addres		Address			
Photos: May we take	e and maintain a photo of your	child for	security purposes?					
2nd Child								
Last Name	ast Name		First Name			M.I.	Nickname	
Entering grade	ering grade [ ] Male [ ] Female Birth D. [ ] Prefer not to specify		Date	Birth City/St	ate		State:	
Existing medical con-	ditions, medications and/or spe	cial atter	ntion your child may re				State.	
Allergies								
S								
Pediatrician's Name			Phone Address					
	e and maintain a photo of your	child for	security purposes?					
[ ] Yes [ ] No								
[ ] Yes [ ] No  3rd Child								
			First Name			M.I.	Nickname	
3rd Child	[ ] Male [ ] Female	Birth I		Birth City/St	ate	M.I.	Nickname	
3rd Child  Last Name  Entering grade	[ ] Prefer not to specify		Date	City:	ate	M.I.	Nickname State:	
3rd Child  Last Name  Entering grade			Date	City:	ate	M.I.		
3rd Child  Last Name  Entering grade	[ ] Prefer not to specify		Date	City:	ate	M.I.		
3rd Child  Last Name  Entering grade  Existing medical con-	[ ] Prefer not to specify		Date	City:	ate	M.I.		
3rd Child  Last Name  Entering grade  Existing medical conditions  Allergies  Pediatrician's Name	[ ] Prefer not to specify	cial atter	Date Intion your child may re	City:		M.I.		
3rd Child  Last Name  Entering grade  Existing medical conditions  Allergies  Pediatrician's Name	[ ] Prefer not to specify ditions, medications and/or spe	cial atter	Date Intion your child may re	City:		M.I.		

## Primary Guardian Information Name(s) of person(s) with whom child is living

Last Name		First Name			M.I.	Relationship to Child				
Email Address			Work Phone		l	Cell Phone				
ccupation Employer			Work Address							
2nd Primary Guardian										
			First Name			M.I.	Relationship to C	Relationship to Child		
Email Address			Work Phone	2			Cell Phone	Cell Phone		
Occupation Employer			\	Nork Addre	255					
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 Guardial		า								
Non-primary custodial po										
Non-primary custodial po			Name			M.I.	Relationship to C	hild		
Non-primary custodial po			Name Work Phone	e		M.I.	Relationship to C	hild		
Non-primary custodial positive and set Non-primary Guardian  Last Name				2		M.I.		ihild		
1st Non-primary Guardian Last Name Email Address		First f				M.I.				
Non-primary custodial policy for the second		First f	Work Phone				Cell Phone			
Non-primary custodial policy is the Non-primary Guardian Last Name Email Address  2nd Non-primary Guardian Last Name	arent	First f	Work Phone	2			Cell Phone  Relationship to C  Cell Phone  Should mailings			
Non-primary custodial policy and Non-primary Guardian Last Name Email Address  2nd Non-primary Guardian Last Name Email Address	arent	First f	Work Phone  Name  Work Phone	e	City		Cell Phone  Relationship to C  Cell Phone  Should mailings	hild be sent to this household also?		
Non-primary custodial policy is the Non-primary Guardian Last Name Email Address  2nd Non-primary Guardian Last Name Email Address  Which Guardian Should be Called	arent	First f	Name Work Phone Home Phone	e	City		Relationship to C  Cell Phone  Should mailings	be sent to this household also?		



## **Emergency Contacts and Authorized Pickups**

The able to pick up the following children:							
Home Phone    Cell Phone   ( ) Able to pick up all children in the family ( ) Not soble to pick up the following children	1st Contact/Pickup						
The table to pick up the following children:	ast Name		First Name		Relationship to Child	Relationship to Child	
Last Name   First Name   Relationship to Child   Home Phone   Cell Phone       Able to pick up all children in the family     Not able to pick up the following children:	Home Phone	ne Cell Phone					
Home Phone    [ ] Able to pick up all children in the family   [ ] Not able to pick up the following children:	2nd Contact/Pickup	'		'			
3rd Contact/Pickup  Last Name  First Name  First Name  Relationship to Child  Home Phone  Cell Phone  [ ] Able to pick up all children in the family [ ] Nor 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	Last Name		First Name		Relationship to Child		
Last Name   First Name   Relationship to Child	Home Phone	Cell Phone					
Home Phone    Cell Phone   [ ] Able to pick up all children in the family   [ ] Not able to pick up the following children:	3rd Contact/Pickup	•					
Additional Comments and Information Is there is any other information that that would be helpful to our management and teaching staff?  Signature	Last Name		First Name		Relationship to Child		
Is there is any other information that that would be helpful to our management and teaching staff?  Signature	Home Phone	ome Phone Cell Phone					
Date to County in Circumstance and the Circumstance and	Signature						
Parent / Guardian Signature Date	Parent / Guardian Signature			 Date			