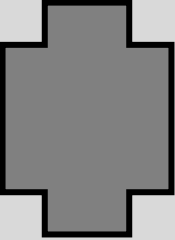




Registration Form

(One Per Child)

Date _____

Child's Name:			Child's Gender:
Child's Age:	Date of birth:	Media Release: Y / N	School Grade Entering:
Name of Parent(s)/Guardian(s):			
Street address:			
City:		State:	Zip:
Home telephone:			
Parent/caregiver's cell phone:			
Home e-mail address:			
Allergies or other Medical Conditions:			
	Emergency Contact:		
	Phone:		
	Relationship to Child:		