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| --- | --- |
| Allergies or other Medical Conditions: | |
|  | Emergency Contact: |
| Phone: |
| Relationship to Child: |

Registration Form

(One Per Child) Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| 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: | | | | | |