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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: | MediaRelease: 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:  |