Family Registration



Registration Date	
Registi ationi Date	

Child Information

1st Child								
			First Name			M.I.	Nickname	
Last Name			FIISCName			IVI.I.	Nickriairie	
Entering grade		Birth	Date	Birth City/St	ato			Social Security #
Littering grade	[] Male [] Female	Birtir	Date	Dirtir City/30	ate			30clar Security #
	[] Prefer not to specify	11		City:			State:	
Existing medical con	iditions, medications and/or spe	ecial atte	ntion your child may re	equire				
Allergies								
Pediatrician's Name			Phone Add		Address			
. caracinician si name			, indice		7.00.055			
Photos: May we tak	e and maintain a photo of your	child for	security purposes?		l			
[] Yes [] No								
2nd Child								
Last Name			First Name			M.I.	Nickname	
Entering grade	[] Male [] Female	Birth	 Date	Birth City/State			Social Security #	
00	[] Prefer not to specify						Charles	
Existing medical con	iditions, medications and/or spe	rial atte	ntion your child may re	City:			State:	
Laisting medical con	altions, medications and/or spe	ciai atte	ntion your crina may re	equire				
Allergies								
Allergies								
Dadiatrician's Nama			Dhana		Address			
Pediatrician's Name			Phone Address					
District Manager		1.11.1.6						
[] Yes [] No	e and maintain a photo of your	cniia for	security purposes?					
3rd Child								
Last Name			First Name			M.I.	Nickname	
Entering grade	[] Male [] Female	Birth	Date	Birth City/St	ate			Social Security #
	[] Prefer not to specify		City:				State:	
Existing medical con	iditions, medications and/or spe	ecial atte	ntion your child may re				State.	
_								
Allergies								
3 3 3								
Pediatrician's Name			Phone		Address			
r calacticants name								
Photos: Maxima tali	e and maintain a photo of your	child for	socurity purposes?					
[] Yes [] No	e and maintain a photo of your	crilia tor	security purposes?					
Additional Com	ments & Information: _							











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

1st Primary Guardian										
ast Name First		First	t Name			M.I.	Relationship	Relationship to Child		
Email Address			Work Pho	ne			Cell Phone			
Occupation	Employer			Work Ad	ldress			Work Hours		
2nd Primary Guardian										
Last Name		First	Name			M.I.	Relationship	Relationship to Child		
Email Address			Work Pho	ne			Cell Phone	Cell Phone		
Occupation	Employer	Employer			ldress			Work Hours		
Which Guardian Should be Called	First?		Home Pho	ine Prefe				referred language for written communication:		
Home Resident Street Address				Apt #	#	City		Zip Code		
Mailing Address (if different than a	above)			Apt #	#	City		Zip Code		
Second Guardiar Non-primary custodial po										
Last Name		First	Name			M.I.	Relationship	to Child		
Edstivanie		11130	ii St Name			14	Relationship	Telegraphy to Clina		
Email Address	il Address Work Phor			one Cell Phone						
2nd Non-primary Guardian			1							
Last Name		First	First Name			M.I.	Relationship	Relationship to Child		
Email Address		Work Phon			ne			Cell Phone		
Which Guardian Should be Called	First?	Home Phon					Should mail	Should mailings be sent to this household also?		
Second Household Mailing Address		Apt # City			State	Zip Code				
			1		l			1		











Emergency Contacts and Authorized Pickups

1st Contact/Pickup				
Last Name		First Name		Relationship to Child
Home Phone	Cell Phone		[] Able to pick up all child	
2nd Contact/Pickup	'			
Last Name		First Name		Relationship to Child
Home Phone	Cell Phone		[] Able to pick up all childe	
3rd Contact/Pickup				
Last Name		First Name		Relationship to Child
Home Phone	Cell Phone		[] Able to pick up all childe	
Signature				
Parent / Guardian Signature			Date	









