



REGISTRATION APPLICATION

Application Date _____

Child's Full Name _____ Goes by _____

☐ M ☐ F Birth Date _____ Age _____

Child's Home Address _____

City _____ State _____ Zip _____

Child's Living Arrangements ☐ Both parents ☐ Mother ☐ Father ☐ Other

Child's Legal Guardian ☐ Both parents ☐ Mother ☐ Father ☐ Other

Mother's Name _____ Mother's Email _____

Mother's Address (if different from child's) _____

City _____ State _____ Zip _____

Mother's Cell Phone _____ Mother's Home Phone _____

Mother's Employer _____ Mother's Work Phone _____

Mother's Employer's Address _____

City _____ State _____ Zip _____

Father's Name _____ Father's Email _____

Father's Address (if different from child's) _____

City _____ State _____ Zip _____

Father's Cell Phone _____ Father's Home Phone _____

Father's Employer _____ Father's Work Phone _____

Father's Employer's Address _____

City _____ State _____ Zip _____

Child's Physician _____ Physician Phone _____

(Please furnish a copy of immunizations within 30 days of enrollment)

List persons other than yourself and your spouse to whom we may release your child or call in case of an emergency and we are unable to reach you:

Name _____ Name _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Phone _____ Phone _____

Relation to child/parent _____ Relation to child/parent _____

Child's Name_____

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Additional persons to whom we may release your child:

Name_____

Name_____

Address_____

Address_____

City, State, Zip_____

City, State, Zip_____

Phone_____

Phone_____

Relation to child/parent_____

Relation to child/parent_____

List any persons who may **NOT** pick up your child_____

Persons to contact in case of an emergency and parent(s)/legal guardian cannot be reached:

Name_____

Phone_____

Name_____

Phone_____

Name_____

Phone_____

Please describe any physical problems or information we should know about:_____

Please list any allergies your child has:_____

Please list any medications your child is taking:_____

I verify the above information to be correct. I understand that I cannot register my child without appropriate age documentation, which is attached to this registration form.

Parent Signature_____

Date_____