Family Registration



Child Infor	mation			Registration Date					
1st Child									
Last Name		First Name			M.I.	Nickname			
Entering grade	[] Male [] Female [] Prefer not to specify	Birth	Date	Birth City/Sta	ity/State State:			Social Security #	
Existing medical condit	tions, medications and/or special a	attention	your child may require	1				1	
Allergies									
Pediatrician's Name			Phone Address		Address				
Photos: May we take a	and maintain a photo of your child	for secu	rity purposes?						
2nd Child									
Last Name			First Name		M.I.		Nickname		
Entering grade	[] Male [] Female [] Prefer not to specify	Birth	Date	Birth City/State City:			State:	Social Security #	
Existing medical condit	tions, medications and/or special a	attention	your child may require						
Allergies									
Pediatrician's Name			Phone Addres			ldress			
Photos: May we take a	and maintain a photo of your child	for secu	rity purposes?						
3rd Child									
Last Name			First Name		M.I.		Nickname	name	
Entering grade	[] Male [] Female [] Prefer not to specify	Birth	Date	Birth City/State City:		State:		Social Security #	
Existing medical condit	tions, medications and/or special a	attention	your child may require	T city.			States	1	
Allergies									
Pediatrician's Name			Phone		Address				
Photos: May we take a	and maintain a photo of your child	for secu	rity purposes?		l				
A deliki an de	anta O Infama ''								
Additional Comm	ents & Information:								

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

1st Primary Guardian										
Last Name		First N	Name				M.I.	Relationship to Child	d	
Email Address			Work Phone					Cell Phone		
Occupation	Employer		,	Work Ad	Idress				Work Hours	
2nd Primary Guardian	l		l .						1	
Last Name		First N	irst Name			M.I.	Relationship to Child	1		
Email Address	Email Address			Work Phone					Cell Phone	
Occupation Employer			Work Address					Work Hours		
Which Guardian Should be Called First?			Home Phone					Preferred language	for written communication:	
Home Resident Street Address				Apt # City					Zip Code	
Mailing Address (if different than above)	Mailing Address (if different than above)				#	City			Zip Code	
Second Guardian Into Non-primary custodial parent										
1st Non-primary Guardian		1 .								
Last Name			First Name M.I.				Relationship to Child			
Email Address			Work Phone				Cell Phone			
2nd Non-primary Guardian										
Last Name F			rst Name M.			M.I.	Relationship to Child	Relationship to Child		
Email Address			Work Phone				Cell Phone			
Which Guardian Should be Called First?			Home Phone					Should mailings be	sent to this household also?	
· · · · · · · · · · · · · · · · · · ·			Tione (none				[]Yes []No			
Second Household Mailing Address			Apt #	City				State	Zip Code	
			1		1					
Additional Comments & Information	tion:									

Emergency Contacts and Authorized Pickups

Last Name First Name Able to pick up all children in the family	1st Contact/Pickup								
The table to pick up the following children	Last Name		First Name		Relationship to Child				
Lest Name First Name Relationship to Child	Home Phone	Cell Phone							
Home Phone Cell Phone Cell	2nd Contact/Pickup	'		1					
3rd Contact/Pickup Last Name First Name Relationship to Child Home Phone Cell Phone [] Able to pick up all children in the family [] Not able to pick up the following children:	Last Name		First Name		Relationship to Child				
Last Name First Name Relationship to Child	Home Phone	Cell Phone							
Home Phone Cell Phone [] Able to pick up all children in the family [] Not able to pick up the following children:	3rd Contact/Pickup	,		1					
Additional Comments and Information Is there is any other information that would be helpful to our management and teaching staf? Signature	Last Name		First Name		Relationship to Child				
Is there is any other information that would be helpful to our management and teaching staf? Signature	Home Phone	Cell Phone	1						
Parant / (-Hardian Nignature	Signature Parent / Guardian Signature			Date					