



FAMILY REGISTRATION FORM

DATE: _____

PARENT/GUARDIAN

FIRST NAME	LAST NAME	RELATIONSHIP TO CHILD	EMAIL

CHILDREN

FIRST NAME	LAST NAME	BIRTHDATE M/D/Y	M/F	AGE	GRADE

ALLERGIES/SPECIAL INSTRUCTIONS

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FAMILY ADDRESS

STREET	CITY	STATE	ZIP

HOME PHONE		CAN WE TEXT YOU?	<input type="checkbox"/> YES
DAD'S CELL			<input type="checkbox"/> NO
MOM'S CELL		MOBILE PROVIDER	