

Family Registration Form

Parent/Guardian Information

Mother/Guardian First Name: _____ **M.I.** _____ **Last Name:** _____
Address: _____
Occupation: _____ **Home Phone:** _____
Employed By: _____ **Office Phone:** _____
Work Address: _____ **Cell Phone:** _____
 Custodial Parent
Email: _____
Pin number for checking in and out (4 Numbers) 1St Choice _____ **2Nd Choice** _____
Marital Status: Married Other

Father/Guardian First Name: _____ **MI** _____ **Last Name:** _____
Address: _____
Occupation: _____ **Home Phone:** _____
Employed By: _____ **Office Phone:** _____
Work Address: _____ **Cell Phone:** _____
 Custodial Parent
Email: _____
Martial Status: Married Other

Child Information

1ST Child First Name: _____ **MI** _____ **Last Name:** _____
Grade: _____
Childs Address: _____
Gender Male Female **Date Of Birth:** _____
List any medical conditions and/or special attention your child may require?

Allergies: _____
Pediatricians Name: _____ **Phone:** _____
Address: _____

May we take an maintain a photo of your child for security purposes?
 Yes No

Child Information - Continued

2nd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

3rd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

4th Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

Emergency Contacts & Authorized Pickup Person

1st Contact/ Pickup Name: _____ **Phone:** _____

Relationship to Child: _____ **Pin** _____

Able to pickup all children in the family

Not able to pickup the following children:

2nd Contact/Pickup Name: _____ **Phone:** _____

Relationship to Child: _____ **Pin** _____

Able to pickup all children in the family

Not able to pickup the following children:

3rd Contact/Pickup Name: _____

Relationship to Child: _____ **Pin** _____

Able to pickup all children in family

Not able to pickup the following children:

4th Contact/Pickup Name: _____

Relationship to child: _____ **Pin** _____

Able to pickup all the children in the family

Not able to pickup the following children:

Tuition/Payment Information:

Current Tuition Amount: _____ **Weekly** **Bi Weekly** **Monthly** **Other**

Please outline below whom is responsible for payment of tuition and fees. If other conditions are the case please specify.

Additional Comments & Information:

Is there any other information that would be helpful to our management and teaching staff?

Signature:

Parents Signature: _____ **Date:** _____

Thank You