

FAMILY REGISTRATION FORM			
Mother/Guardian			
First Name		Last Name	
Father/Guardian			
First Name		Last Name	
1 st Designated Cell Phone #			
2 nd Designated Cell Phone #			
Best email for updates:			
CHILD INFORMATION			
1ST CHILD			
First Name	Last Name		Age
Name child prefers to be called:			
List any existing conditions and/or special attention your child may require:			
2ND CHILD			
First Name	Last Name		Age
Name child prefers to be called:			
List any existing conditions and/or special attention your child may require:			
3RD CHILD			

First Name	Last Nam e		Age
Name child prefers to be called:			
List any existing conditions and/or special attention your child may require:			
ONLY PARENT(S)/GUARDIAN(S) ARE AUTHORIZED TO PICK UP THEIR CHILDREN ***** ***** *****			