



# Registration Form 2010/2011

Child's Name #1 \_\_\_\_\_

Child's Name #2 \_\_\_\_\_

Child's Name #3 \_\_\_\_\_

Parent Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

## Phone Numbers

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

E-mail \_\_\_\_\_

## Age Information

Birth Date Child #1 \_\_\_\_\_

Current Grade in School \_\_\_\_\_

Birth Date Child #2 \_\_\_\_\_

Current Grade in School \_\_\_\_\_

Birth Date Child #3 \_\_\_\_\_

Current Grade in School \_\_\_\_\_

**Medical Information**

**Medical or other information we need to know. (Please include any food allergies.)**

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**Emergency Contacts**

**Name \_\_\_\_\_ Phone Number \_\_\_\_\_**

**Name \_\_\_\_\_ Phone Number \_\_\_\_\_**

**Dismissal Information**

**Who may pick up your child?**

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**May we have permission to photograph your child? Yes No**

**May we have permission to use your child's photograph for the purpose of Promotions? Yes No**