

Registration Form



Last Name: _____

First Name: _____

Grade Entering: _____

Date of Birth: _____

Allergies/Medical Information:

Parent/Guardian Information:

First Name: _____ Last Name: _____

Address: _____

Phone Number: _____

Email: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone Number: _____

Additional Information:

Permission to photograph your child: Yes / No

Alternate Pick Up Name(s): _____