



REGISTRATION FORM

| | | | | | | | | | | |
|--------------------------------------|---------------------------|-----------------|----------------------------|-----------------|---|-----------------|--------------------------|-----------------|--------------------------|--|
| Parent/Guardian Information | Primary Parent/Guardian: | | Alternate Parent/Guardian: | | Authorized Pick-up (other than parent/guardian) | | | | | |
| | Name: | | Name: | | Name: | | | | | |
| | Relationship: | | Relationship: | | Ph # | | | | | |
| | Hm # | Mb # | Hm #: | Mb # | Relationship <small>(to child):</small> | | | | | |
| | Wk # | Pg # | Wk # | Pg # | Name: | | | | | |
| | Address: | | Address: | | Ph # | | | | | |
| | | | | | Relationship <small>(to child):</small> | | | | | |
| | E-mail: | | E-mail: | | Name: | | | | | |
| | Employer: | | Employer: | | Ph # | | | | | |
| | | | | | Relationship <small>(to child):</small> | | | | | |
| Doctor's Name: | | | | Ph # | | | | | | |
| Child Information | | | 1st Child | | 2nd Child | | 3rd Child | | 4th Child | |
| | Child Name: | | | | | | | | | |
| | Birth Date: | | | | | | | | | |
| | Sex: (circle) | | Male Female | | Male Female | | Male Female | | Male Female | |
| | Toilet Training: (circle) | | Diapers/Training/Trained | | Diapers/Training/Trained | | Diapers/Training/Trained | | Diapers/Training/Trained | |
| | Food/Medical Allergies: | | Yes No | | Yes No | | Yes No | | Yes No | |
| | If yes, please list: | | | | | | | | | |
| | Other Health Conditions? | | Yes No | | Yes No | | Yes No | | Yes No | |
| | If yes, please list: | | | | | | | | | |
| | Born Premature? | | Yes No | | Yes No | | Yes No | | Yes No | |
| Behavior/Emotion Problems? | | Yes No | | Yes No | | Yes No | | Yes No | | |
| If yes, please list: | | | | | | | | | | |
| Will your child need transportation? | | Yes No | | Yes No | | Yes No | | Yes No | | |

My child(ren)'s immunization records are attached. I attest that they are current or are in progress. I attest that to the best of my knowledge all information included in this registration form is true and correct.

Signature

Relationship to Child(ren)

Date