

# WELCOME TO



**FIRST TIME AT OCEANPOINTE**      **VISITING FROM OUT OF TOWN**      **NEW ADDITION TO THE FAMILY**

CHILD'S FIRST NAME:	CHILD'S LAST NAME:	DATE OF BIRTH:	GENDER:	GRADE:	ALLERGIES/MEDICAL:	POTTY-TRAINED?
_____	_____	_____	M / F	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	M / F	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	M / F	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	M / F	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	M / F	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

## \*PARENTS' INFORMATION

**Father's**/Guardian's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_ Cell Number\*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(\*to contact during service in case of emergency)

**Mother's**/Guardian's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Same as above

Address: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_ Cell Number\*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(\*to contact during service in case of emergency)

**\*May OceanPointe have permission to use, print, or publish photos/video of your child(ren) for promotional purposes?**    Yes    No

**\*In case of an emergency, I authorize first aid/medical treatment for my children and release OceanPointe from any and all responsibility in connection therewith.**    Yes    No

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(If you have any additional comments, questions, or instructions, please use the back of this sheet)*