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	_____	_____	☐ Yes ☐ No
_____	_____	_____	M / F	_____	_____	☐ Yes ☐ No
_____	_____	_____	M / F	_____	_____	☐ Yes ☐ No
_____	_____	_____	M / F	_____	_____	☐ Yes ☐ No
_____	_____	_____	M / F	_____	_____	☐ Yes ☐ 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)