

Today's Date: _____



Child and Family Registration

For Staff Use Only

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Parent/Guardian Name (s): _____

Married Single Parent Widowed Relation to Child: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Child's Address: _____ City: _____ State: _____ Zip: _____

Child's Name	Date of Birth	Age	Grade	Gender	Allergies	Special Needs

Please keep your claim stub in order to pick up your children after the service.

Parent/Guardian Signature

Parent/Guardian Signature