

# Child Registration

Please attach immunization Form

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_  
month/day/year

Child's Address \_\_\_\_\_  
\_\_\_\_\_

Parents/Guardian #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Parents/Guardian #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

## Emergency Contact:

Name 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Name 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

In case of an emergency, my child may be released to:

Name 1: \_\_\_\_\_ Phone: (cell) \_\_\_\_\_ (Home) \_\_\_\_\_

Name 2: \_\_\_\_\_ Phone: (cell) \_\_\_\_\_ (Home) \_\_\_\_\_

The following persons are authorized to pick up my child:

Name 1: \_\_\_\_\_ Phone: (cell) \_\_\_\_\_ (Home) \_\_\_\_\_

Name 2: \_\_\_\_\_ Phone: (cell) \_\_\_\_\_ (Home) \_\_\_\_\_

Name 3: \_\_\_\_\_ Phone: (cell) \_\_\_\_\_ (Home) \_\_\_\_\_

