



Registration Form

Today's Date: _____ **Anticipated Start-Date:** _____

Child Information

Child's Name: _____
First Middle Last

Current Age: _____ **Sex:** M / F **Date of Birth:** _____

Address: _____
Street City State Zip code

Additional Information (Allergies, special needs, etc.): _____

Mother/Legal Guardian Information

Name: _____
First Last

Address (If different): _____
Street City State Zip code

Email Address: _____

Cell Phone: _____ **Home Phone** _____

Employer: _____ **Work Phone:** _____

Father/Legal Guardian Information

Name: _____
First Last

Address (If different): _____
Street City State Zip code

Email Address: _____

Cell Phone: _____ **Home Phone** _____

Employer: _____ **Work Phone:** _____