## **Family Registration**



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1st Child					- CONTROL			
Last Name								
= 8 <del>=</del>		15	First Name					
Entering and						M.I.	Nickname	
Entering grade	[ ] Male [ ] Female	Birt	h Date	Taile				
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Allergies								States
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Pediatrician's Name			Phone			4000		
					Address	Salara de la companya		
Photos: May we take	and maintain a photo of your							
]Yes []No	and maintain a prioto of your	child for	r security purposes?					
2nd Child								
ast Name								
			First Name			M.I.		
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