

 Chris and Nicole Julian

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**REGISTRATION FORM**

How did you hear about us? Referral Name:

**Family Information:**

Family Name: Primary Phone No: ( )

Home Address:

City, State, Zip:

Mother’s First Name: Mother’s Last Name:

Mother’s Primary Phone No: ( ) Cell Phone No: ( )

Work No: ( ) Email: *Emails are kept confidential*

⬜ Text Opt-In (✔if interested in receiving up-to-date messages via text)

 Initial, giving consent to authorize us to send text messages and standard text rates apply with your plan.

Father’s First Name: Father’s Last Name:

Father’s Primary Phone No: ( ) Cell Phone No: ( )

Work No: ( ) Email: *Emails are kept confidential*

⬜ Text Opt-In (✔if interested in receiving up-to-date messages via text)

 Initial, giving consent to authorize us to send text messages and standard text rates apply with your plan.

**In Case of Emergency and Insurance Information:**

Person to contact in an emergency (other than parents):

Relationship to Student: Phone No: ( )

Health Insurance Carrier:

**Student(s) Information:**

***Student #1:***

Student’s First Name: Student’s Last Name:

Gender: M ⬜ F ⬜ Birth Date: / / (mm/dd/yyyy) Grade:

Cell No (if applicable): ( ) School:

⬜ Text Opt-In (✔if interested in receiving up-to-date messages via text)

 Initial, giving consent to authorize us to send text messages and standard text rates apply with your plan.

Email:

 *Emails are kept confidential*

Any disabilities ⬜ Yes ⬜ No If yes, please explain:

Any special needs ⬜ Yes ⬜ No If yes, please explain:

Allergies ⬜ Yes ⬜ No If yes, please list:

Medications ⬜ Yes ⬜ No If yes, please list:

Primary Doctor: Phone No: ( )

Immunizations up-to-date ⬜ Yes ⬜ No

Select Class #1: Select Class #2:

Select Class #3: Select Class #4:

*\*After registration, student may be enrolled in additional classes.*

*\*\*Additional students can be added, ask for additional student information forms.*