

## Registration Form

### Child Information

Full Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent\Guardian Child Resides With \_\_\_\_\_

### Parent Information

Parent or Guardian \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Driver's License # & State \_\_\_\_\_

Employer \_\_\_\_\_ Work Number \_\_\_\_\_

Email \_\_\_\_\_

### Emergency Contacts

(MUST LIST TWO PEOPLE; **DO NOT LIST PAENTS OF THE CHILD**)

1. Name \_\_\_\_\_ Mobile Number \_\_\_\_\_  
Work Number \_\_\_\_\_ Relation \_\_\_\_\_

2. Name \_\_\_\_\_ Mobile Number \_\_\_\_\_  
Work Number \_\_\_\_\_ Relation \_\_\_\_\_

3. Name \_\_\_\_\_ Mobile Number \_\_\_\_\_  
Work Number \_\_\_\_\_ Relation \_\_\_\_\_

4. Name \_\_\_\_\_ Mobile Number \_\_\_\_\_  
Work Number \_\_\_\_\_ Relation \_\_\_\_\_

