

**Registration Form**

**First Parent:**

Name: SSN:

Address:

City: State: Zip

Home Phone: Cell Phone:

Email Address:

Employer Name:

Employer Address: State: Zip

Work Phone:

**Second Parent:**

Name: SSN:

Address:

City: State: Zip

Home Phone: Cell Phone:

Email Address:

Employer Name:

Employer Address: State: Zip

Work Phone:

**Children:**

Name: Sex (M/F) Date of Birth:

Name: Sex (M/F) Date of Birth:

Name: Sex (M/F) Date of Birth:

**Medical Information:**

Physician: Phone:

Address: City: State: Zip:

**Allergies/Medical Conditions:**

**Emergency Contact/Authorized Pick-up People (in addition to parents)**

#1 Contact Name: Phone Number:

Relationship to Child:

#2 Contact Name: Phone Number:

Relationship to Child:

**Please list anyone NOT authorized to pick up:**

Name:

Name:

Any custody issues related to this child: (If so, the court order must be attached to this form.)

Parent Signature: Date: