

# Family Registration

## Child Information

Registration Date \_\_\_\_\_

1st Child

Last Name		First Name		M.I.	Nickname
Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State	Social Security #	
Existing medical conditions, medications and/or special attention your child may require				City:	State:

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_

Phone	Address
-------	---------

Photos: May we take and maintain a photo of your child for security purposes?  
 Yes  No

2nd Child

Last Name		First Name		M.I.	Nickname
Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State	Social Security #	
Existing medical conditions, medications and/or special attention your child may require				City:	State:

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_

Phone	Address
-------	---------

Photos: May we take and maintain a photo of your child for security purposes?  
 Yes  No

3rd Child

Last Name		First Name		M.I.	Nickname
Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State	Social Security #	
Existing medical conditions, medications and/or special attention your child may require				City:	State:

Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_

Phone	Address
-------	---------

Photos: May we take and maintain a photo of your child for security purposes?  
 Yes  No

Additional Comments & Information: \_\_\_\_\_