



Date of Registration: \_\_\_\_\_ CHILD REGISTRATION FORM

**MOTHER / GUARDIAN**

First and Last Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Email address: \_\_\_\_\_

**FATHER / GUARDIAN**

First and Last Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Email address: \_\_\_\_\_

**CHILDREN'S INFORMATION**

**Child #1** Name: \_\_\_\_\_ Gender: M / F DOB: \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_  
Are there any special conditions to be aware of (medical/allergy/dietary/asthma/special needs)? Y / N  
If yes, please explain: \_\_\_\_\_

**Child #2** Name: \_\_\_\_\_ Gender: M / F DOB: \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_  
Are there any special conditions to be aware of (medical/allergy/dietary/asthma/special needs)? Y / N  
If yes, please explain: \_\_\_\_\_

**Child #3** Name: \_\_\_\_\_ Gender: M / F DOB: \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_  
Are there any special conditions to be aware of (medical/allergy/dietary/asthma/special needs)? Y / N  
If yes, please explain: \_\_\_\_\_

**Child #4** Name: \_\_\_\_\_ Gender: M / F DOB: \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_  
Are there any special conditions to be aware of (medical/allergy/dietary/asthma/special needs)? Y / N  
If yes, please explain: \_\_\_\_\_