



REGISTRATION FORM (one per child)

Child's Name: _____

Child's Age: _____ **Date of birth:** _____ **Last grade completed:** _____

Name of Parent(s): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: (_____) _____

Parent/Caregiver's Cell Phone: (_____) _____

Email Address: _____

In case of emergency, contact: _____

Emergency contact number: (_____) _____

Relationship to child: _____

Allergies or other medical conditions: _____

Parent/Caregiver Signature

Date