



SHEET 1 OF 5

FAMILY REGISTRATION SHEET

Registration Date: _____

Mother/Guardian First Name: _____ M.I. Last Name: _____

Address: _____

Date of Birth: _____ Home Phone: () _____

Employer: _____ Work Phone: () _____

Carrier: Boost/ T-Mobile/ Sprint/ Other: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) Social Security#: _____

Email: _____ Driver's License #: _____

Relationship to Child: Mother Father Grandparent Foster Parent other _____

Mark All that Apply: Child lives with parent Emergency Contact Authorized Pickup

Preferred PIN number for checking in/out (4 digits, numbers only) 1st choice _____ 2nd Choice _____

Is there any other information you would like us to know?

Father/Guardian First Name: _____ M.I. Last Name: _____

Address: _____

Date of Birth: _____ Home Phone: () _____

Employer: _____ Work Phone: () _____

Carrier: Boost/ T-Mobile/ Sprint/ Other: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) Social Security#: _____

Email: _____ Driver's License #: _____

Relationship to Child: Mother Father Grandparent Foster Parent other _____

Mark All that Apply: Child lives with parent Emergency Contact Authorized Pickup

Preferred PIN number for checking in/out (4 digits, numbers only) 1st choice _____ 2nd Choice _____

Is there any other information you would like us to know?

Custody or Court Restrictions: Yes No If yes-most recent copy of court papers Must be attached



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Child Information

1st Child First Name: _____ M.I. _____ Last Name: _____

School child attends: _____

Gender: Male Female Date of Birth: _____ Child S.S.#: _____

Ethnicity Black Asian White Hispanic Native American Pacific Islander Other

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: Yes No If yes please list: _____

Pediatrician's name: _____ Phone: () _____

Address: _____

Photographs: May we maintain a photo of your child for security purposes? Yes No

2nd Child First Name: _____ M.I. _____ Last Name: _____

School child attends: _____

Gender: Male Female Date of Birth: _____ Child S.S.#: _____

Ethnicity Black Asian White Hispanic Native American Pacific Islander Other

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: Yes No If yes please list: _____

Pediatrician's name: _____ Phone: () _____

Address: _____

Photographs: May we maintain a photo of your child for security purposes? Yes No

3rd Child First Name: _____ M.I. _____ Last Name: _____

School child attends: _____

Gender: Male Female Date of Birth: _____ Child S.S.#: _____

Ethnicity Black Asian White Hispanic Native American Pacific Islander Other

List any existing medical conditions, medication and/or special attention your child may require?



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Allergies: Yes No If yes please list: _____

Pediatrician's name: _____ Phone: () _____

Address: _____

Photographs: May we maintain a photo of your child for security purposes? Yes No

4th Child First Name: _____ M.I. _____ Last Name: _____

School child attends: _____

Gender: Male Female Date of Birth: _____ Child S.S.#: _____

Ethnicity Black Asian White Hispanic Native American Pacific Islander Other

Allergies: Yes No If yes please list: _____

Pediatrician's name: _____ Phone: () _____

Address: _____

Photographs: May we maintain a photo of your child for security purposes? Yes No

List any existing medical conditions, medication and/or special attention your child may require?

5th Child First Name: _____ M.I. _____ Last Name: _____

School child attends: _____

Gender: Male Female Date of Birth: _____ Child S.S.#: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: Yes No If yes please list: _____

Pediatrician's name: _____ Phone: () _____

Address: _____

Photographs: May we maintain a photo of your child for security purposes? Yes No



SHEET 4 OF 5

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: () _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____

Emergency Contact

Authorized to pick up all the children in the family

Not authorized to pick up: _____

2nd Contact/Pick Up Name: _____ Phone: () _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____

Emergency Contact

Authorized to pick up all the children in the family

Not authorized to pick up: _____

3rd Contact/Pick Up Name: _____ Phone: () _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____

Emergency Contact

Authorized to pick up all the children in the family

Not authorized to pick up: _____

4th Contact/Pick Up Name: _____ Phone: () _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____

Emergency Contact

Authorized to pick up all the children in the family

Not authorized to pick up: _____

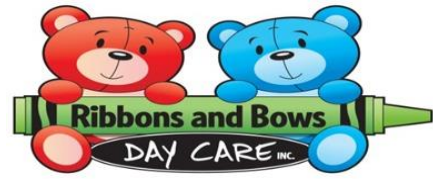
5th Contact/Pick Up Name: _____ Phone: () _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____

Emergency Contact

Authorized to pick up all the children in the family

Not authorized to pick up: _____



SHEET 5 OF 5

Tuition / Payment Information:

Current Tuition Amount: _____ Weekly Bi-Weekly Monthly Other _____

Please outline below who is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

Additional Comments & Information:

Is there any other information that would be helpful to our management and teaching staff?

Signature:

Parent's Signature: _____ Date: _____