**Parent/Guardian Information** Registration Date:

**1st Guardian Information**  First Name: M.I. Last Name:

Address:

Relationship to Child(ren):

Occupation: Home Phone: ( )

Employed By: Office Phone: ( )

Work Address: Work Hours: Cell Phone: ( )

[ ] Custodial Parent (If married, mark both parents) Email:

Marital Status:[ ] Married [ ] Single [ ] Divorced [ ] Separated [ ] Widowed [ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **2nd Guardian Information**  First Name: M.I. Last Name:

Address:

Relationship to Child(ren):

Occupation: Home Phone: ( )

Employed By: Office Phone: ( )

Work Address: Work Hours: Cell Phone: ( )

[ ] Custodial Parent (If married, mark both parents) Email:

Marital Status:[ ] Married [ ] Single [ ] Divorced [ ] Separated [ ] Widowed [ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which Guardian Should be Contacted First:

**Child Information**

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

Name child prefers to be called: Grade/Class:

Child’s Address:

Gender: [ ] Male [ ] Female Date of Birth: Child’s S.S. #:

Birth City/State:

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

Allergies:

Pediatrician’s Name: Phone: ( )

Address:

Dentist’s Name: Phone: ( )

Address:

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

**Child Information - Continued**

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

Name child prefers to be called: Grade/Class:

Child’s Address:

Gender: [ ] Male [ ] Female Date of Birth: Child’s S.S. #:

Birth City/State:

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

Allergies:

Pediatrician’s Name: Phone: ( )

Address:

Dentist’s Name: Phone: ( )

Address:

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

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

Name child prefers to be called: Grade/Class:

Child’s Address:

Gender: [ ] Male [ ] Female Date of Birth: Child’s S.S. #:

Birth City/State:

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

Allergies:

Pediatrician’s Name: Phone: ( )

Address:

Dentist’s Name: Phone: ( )

Address:

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

**Emergency Contacts & Authorized Pickup Persons:**

 **1st Contact/Pick Up**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Able to pick up all children in the family
[ ] Not able to pick up the following children:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

 **2nd Contact/Pick Up**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Able to pick up all children in the family
[ ] Not able to pick up the following children:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

 **3rd Contact/Pick Up**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Able to pick up all children in the family
[ ] Not able to pick up the following children:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

 **4th Contact/Pick Up**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Able to pick up all children in the family
[ ] Not able to pick up the following children:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

**Tuition / Payment Information:**

Please outline below whom 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Additional Comments & Information:**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Signature:**

Parent’s Signature: Date:

**Thank You!**