



Registration Form

Child's Name	Date of Birth	M	F
		Sex	Age
Mother/Guardian's Name	Father/Guardian's Name		
Mobile Phone	Work/School Phone	Mobile Phone	Work/School Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		
Email Address	Email Address		

Emergency Information

Please list two people other than the parents that can be contacted and authorized to pick up your child in case of an emergency

Primary Emergency Contact	Secondary Emergency Contact		
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

If you need to send an alternate person to pick up your child, you must notify the center in advance.
We will not release a child to any person without authorization from the parent.

Medical Information

Medical Insurance Provider	Policy Number
Hospital/Clinic Preference	Address
Physician's Name	Phone Number
Dentist's Name	Phone Number
Dentist Address	
Parent's/Guardian's Signature	Date