



Registration Form

Parent/Guardian Information:

Contact #1:

Full Name:

Relationship to Child:

Home Phone #:

Cell Phone #:

Email:

Address:

Employer Name:

Employer Phone #:

Contact #2:

Full Name:

Relationship to Child:

Home Phone #:

Cell Phone #:

Email:

Address:

Employer Name:

Employer Phone #:

Other Emergency Contact Name:

Other Emergency Contact Phone #:

Student Information:

Full Name:

Gender:

Birthday:

Cell Phone #:

Email:

School Name:

Grade Level:

Disabilities:

Allergies:

Medications:

Primary Doctor Name:

Primary Doctor Phone #:

Health Insurance Carrier: