

FAMILY REGISTRATION CARD

Today's Date: _____

Parent/Guardian Name(s) _____ Relation to Child _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Permanent Residence of Child (if different): _____ City _____ State _____ Zip _____

Dad cell _____ Dad cell carrier _____ Dad DOB ____/____/____

Dad Email _____

Mom cell _____ Mom cell carrier _____ Mom DOB ____/____/____

Mom Email _____

Child's Name _____

DOB ____/____/____ Grade _____ Gender ☐ M ☐ F

Allergies/Special Needs _____

Child's Name _____

DOB ____/____/____ Grade _____ Gender ☐ M ☐ F

Allergies/Special Needs _____

Child's Name _____

DOB ____/____/____ Grade _____ Gender ☐ M ☐ F

Allergies/Special Needs _____

Child's Name _____

DOB ____/____/____ Grade _____ Gender ☐ M ☐ F

Allergies/Special Needs _____