

First Time Family Registration

1) Child(ren)

First Name	Name Goes By (if different)	Last Name	Gender	Birthdate (m,d,y)	GRADE or age 5&under	School	Food allergies/medical/ special instructions

2) Parent/Guardian Information

First Name	Last Name	Relationship	Cell Phone Number	Email

3) ADDRESS

Street address	
City, State	
Zip Code	



4) Others authorized to pick up your child(ren)

First Name	Last Name	Relationship

DATE: _____