



## Child's Home Address

\_\_\_\_\_  
 City \_\_\_\_\_ ZIP \_\_\_\_\_

### Others who might pick up your child (ren) LIST BELOW PLEASE

## School or Summer -- Registration FORM

**Child's Name** \_\_\_\_\_

*Birthday* \_\_\_\_/\_\_\_\_/\_\_\_\_ *Age* \_\_\_\_\_

*(M)* \_\_\_\_ *(F)* \_\_\_\_ *Today's Date* \_\_\_\_\_

*Grade entering in the fall* \_\_\_\_\_

*School's Name* \_\_\_\_\_

*Teacher's Name* \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Mom's Best Email \_\_\_\_\_

Work Number \_\_\_\_\_ Employed at \_\_\_\_\_

Cell Number \_\_\_\_\_ Home Number \_\_\_\_\_

**Dad's Name** \_\_\_\_\_

Dad's Best Email \_\_\_\_\_

Work Number \_\_\_\_\_ Employed at \_\_\_\_\_

Cell Number \_\_\_\_\_ Home Number \_\_\_\_\_

**Name** \_\_\_\_\_ **Relation** \_\_\_\_\_

Work Number \_\_\_\_\_ Employed at \_\_\_\_\_

Cell Number \_\_\_\_\_ Home Number \_\_\_\_\_

**Name** \_\_\_\_\_ **Relation** \_\_\_\_\_

Work Number \_\_\_\_\_ Employed at \_\_\_\_\_

Cell Number \_\_\_\_\_ Home Number \_\_\_\_\_

**Name** \_\_\_\_\_ **Relation** \_\_\_\_\_

Work Number \_\_\_\_\_ Employed at \_\_\_\_\_

Cell Number \_\_\_\_\_ Home Number \_\_\_\_\_

**Name** \_\_\_\_\_ **Relation** \_\_\_\_\_

Work Number \_\_\_\_\_ Employed at \_\_\_\_\_

Cell Number \_\_\_\_\_ Home Number \_\_\_\_\_

\*\*\*(It continues on the other side)\*\*\*

**Emergency Contact # 1** \_\_\_\_\_

Their Numbers H) \_\_\_\_\_ W) \_\_\_\_\_ C) \_\_\_\_\_

**Emergency Contact # 2** \_\_\_\_\_

Their Numbers H) \_\_\_\_\_ W) \_\_\_\_\_ C) \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital Choice (\_\_\_\_) McLeod (\_\_\_\_) Carolinas (\_\_\_\_) Either

### MEDICAL HISTORY

#### Medical Problems

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

#### Allergies

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

#### Other Restrictions

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

#### Additional Info

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

### STAFF INFO ONLY

Amount Paid \_\_\_\_\_ Cash or Check # \_\_\_\_\_

Date it was Paid \_\_\_\_\_

Person who received the registration \_\_\_\_\_

#### Communications

Accident / Behavior Conference Date it occurred \_\_\_\_\_

Parent contacted by \_\_\_\_\_ Date Discussed \_\_\_\_\_

What Happened

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

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\_\_\_\_\_  
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What Happened

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\_\_\_\_\_