



Registration Form

Personal Information

Child's full name _____ Age: _____ Grade: _____

Parent or Guardian _____

Name you use to address your child _____ Child's DOB _____

Mailing address _____

Home address (if different from mailing address) _____

Home number _____ Alternate number _____

E-mail address _____

With whom does the child live? (parents, guardians, other adults)

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

List of siblings

Name _____ Age _____ Do they live with child? _____

Name _____ Age _____ Do they live with child? _____

Name _____ Age _____ Do they live with child? _____

Name _____ Age _____ Do they live with child? _____

What are your child's hobbies or special interests?

Registration Form

Medical Information

List any allergies _____

In case of accidental exposure to allergens, what steps should be taken? _____

List any dietary restrictions. _____

List any medical information your child's teacher should know. _____

List any physical, medical or emotional needs your child has. _____

Security Information

If your security pass should be misplaced, who has permission to pick up your child?

Is there anyone that should not pick up your child? _____

Are there any custody arrangements of which the leader should be aware? _____

In the case of emergency and a parent/guardian cannot be reached, whom should we contact?

Name _____ Phone _____ Relationship _____

Please feel free to include any additional information that will allow us to better serve

your child. _____

Parent Signature

Date

For e-Kidz Team Only:

Permanent Security ID Assigned: _____ Date: _____

Permanent Nametag Created: _____ Date: _____