Family Registration

Child Information Registration Date _ 1st Child Last Name First Name MJ. Nickname Birth Date Entering grade Birth City/State Social Security # [] Male [] Female [] Prefer not to specify Existing medical conditions, medications and/or special attention your child may require Allergies Address Pediatrician's Name Phone Photos: May we take and maintain a photo of your child for security purposes? 2nd Child Last Name First Name Nidmame Entering grade Birth Date Birth City/State Social Security # [] Male [] Female [] Prefer not to specify State Existing medical conditions, medications and/or special attention your child may require Allergies Pediatrician's Name Phone Address Photos: May we take and maintain a photo of your child for security purposes? []Yes []No 3rd Child Last Name First Name Nickname Birth Date Entering grade [] Male Birth City/State Social Security # [] Female [] Prefer not to specify City: State: Existing medical conditions, medications and/or special attention your child may require Allergies Pediatrician's Name Phone Address Photos: May we take and maintain a photo of your child for security purposes? [] Yes []No Additional Comments & Information: