

# Family Registration

## Child Information

Registration Date \_\_\_\_\_

1st Child					
Last Name		First Name		ML	Nickname
Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State City: _____ State: _____		Social Security #

Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
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Photos: May we take and maintain a photo of your child for security purposes?

☐ Yes    ☐ No

2nd Child					
Last Name		First Name		ML	Nickname
Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State City: _____ State: _____		Social Security #

Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
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Photos: May we take and maintain a photo of your child for security purposes?

☐ Yes    ☐ No

3rd Child					
Last Name		First Name		ML	Nickname
Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State City: _____ State: _____		Social Security #

Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
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Photos: May we take and maintain a photo of your child for security purposes?

☐ Yes    ☐ No

Additional Comments & Information: \_\_\_\_\_