

Family Registration



Wild Wonder Program

Registration Date _____

Child Information

1st Child					
Last Name		First Name		M.I.	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		M.I.	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		M.I.	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: _____

Primary Guardian Information

Name(s) of person(s) with whom child is living

1st Primary Guardian					
Last Name		First Name		M.I.	Relationship to Child
Email Address		Work Phone		Cell Phone	
Occupation	Employer		Work Address		Work Hours
2nd Primary Guardian					
Last Name		First Name		M.I.	Relationship to Child
Email Address		Work Phone		Cell Phone	
Occupation	Employer		Work Address		Work Hours
Which Guardian Should be Called First?					
Home Resident Street Address		Apt #	City		Zip Code
Mailing Address (if different than above)		Apt #	City		Zip Code
Home Phone		Preferred language for written communication:			

Second Guardian Information

Non-primary custodial parent

1st Non-primary Guardian					
Last Name		First Name		M.I.	Relationship to Child
Email Address		Work Phone		Cell Phone	
2nd Non-primary Guardian					
Last Name		First Name		M.I.	Relationship to Child
Email Address		Work Phone		Cell Phone	
Which Guardian Should be Called First?		Home Phone		Should mailings be sent to this household also? [] Yes [] No	
Second Household Mailing Address		Apt #	City		Zip Code

Additional Comments & Information: _____

Emergency Contacts and Authorized Pickups

1st Contact/Pickup				
Last Name		First Name		Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____		

2nd Contact/Pickup				
Last Name		First Name		Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____		

3rd Contact/Pickup				
Last Name		First Name		Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____		

Additional Comments and Information

Is there is any other information that that would be helpful to our management and teaching staff?

Signature

Parent / Guardian Signature

Date