## **Family Registration**



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

Wild Wonder Program

## Child Information

1st Child								
Last Name			First Name			M.I.	Nickname	
Entering grade	[ ]						5	Social Security #
[ ] Prefer not to specify  Existing medical conditions, medications and/or special atter			City:   City:   City:				State:	
Allergies								
Pediatrician's Name			Phone Address		Address			
Photos: May we take [ ] Yes [ ] No	and maintain a photo of your	child for	security purposes?					
2nd Child								
Last Name	ast Name		First Name			M.I.	Nickname	
Entering grade	[ ] Male [ ] Female [ ] Prefer not to specify	Birth (	Date		Birth City/State		State:	Social Security #
Existing medical cond	ditions, medications and/or spe	cial atter	ntion your child may re	City: equire			state.	l
Allergies								
Pediatrician's Name			Phone Address					
Photos: May we take [ ] Yes [ ] No	and maintain a photo of your	child for	security purposes?					
3rd Child								
Last Name			First Name		M.I. Nickname			
Entering grade	[ ] Male [ ] Female	Birth (	Date	Birth City/State City:		State:		Social Security #
Existing medical conc	litions, medications and/or spe	cial atter	ntion your child may re	<u> </u>			States	
Allergies								
Pediatrician's Name			Phone		Address			
Photos: May we take	and maintain a photo of your	child for	security purposes?					
Additional Comn	nents & Information: _							

## Primary Guardian Information Name(s) of person(s) with whom child is living

1st Primary Guardian  Last Name		First I	First Name			M.I. Relationship to Ch		hild	
Email Address			Work Phone				Cell Phone		
Occupation	Occupation Employer			Work Address				Work Hours	
2nd Primary Guardian									
			First Name			M.I.	Relationship to Cl	Relationship to Child	
Email Address			Work Phone	e		Cell Phone			
Occupation Employer			Work Address					Work Hours	
Which Guardian Should be Called First?			Home Phone				Preferred langua	Preferred language for written communication:	
Home Resident Street Address				Apt # City		ty	<u>'</u>	Zip Code	
Mailing Address (if different than above)				Apt #	Ci	City		Zip Code	
Second Guardia Non-primary custodial	an Informatio	n							
Second Guardia Non-primary custodial  1st Non-primary Guardian	an Informatio								
Second Guardia Non-primary custodial	an Informatio		Name			M.I.	Relationship to Cl	hild	
Second Guardia Non-primary custodial  1st Non-primary Guardian	an Informatio		Name Work Phone	е		M.I.	Relationship to Cl Cell Phone	hild	
Second Guardia Non-primary custodial 1st Non-primary Guardian Last Name	an Informatio			e		M.I.		hild	
Second Guardia Non-primary custodial  1st Non-primary Guardian Last Name Email Address	an Informatio	First I		e		M.I.			
Second Guardia Non-primary custodial 1st Non-primary Guardian Last Name Email Address 2nd Non-primary Guardian	an Informatio	First I	Work Phone				Cell Phone		
Second Guardia Non-primary custodial 1st Non-primary Guardian Last Name Email Address  2nd Non-primary Guardian Last Name	an Informatio	First I	Work Phone	e			Cell Phone  Relationship to Cl  Cell Phone  Should mailings I		
Second Guardia Non-primary custodial 1st Non-primary Guardian Last Name Email Address 2nd Non-primary Guardian Last Name Email Address Email Address	an Informatio parent  ed First?	First I	Work Phone Name Work Phone	e			Cell Phone  Relationship to Cl  Cell Phone  Should mailings I	hild be sent to this household also?	

## **Emergency Contacts and Authorized Pickups**

1st Contact/Pickup						
Last Name		First Name		Relationship to Child		
Home Phone	hone Cell Phone		[ ] Able to pick up all	children in the family o the following children:		
2nd Contact/Pickup						
Last Name		First Name		Relationship to Child		
Home Phone	Cell Phone		[ ] Able to pick up all	children in the family o the following children:		
3rd Contact/Pickup	·					
Last Name		First Name		Relationship to Child		
Home Phone	ome Phone Cell Phone		[ ] Able to pick up all	children in the family o the following children:		
Signature						
Parent / Guardian Signature			 Date			