



Registration Form

Registration Date _____

Start Date _____

Child Information

1st Child

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

Nickname	School	Grade	Boy/Girl
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Photos: May we take and maintain a photo of your child for Facebook, website and security purposes? Yes No

2nd Child

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

Nickname	School	Grade	Boy/Girl
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Photos: May we take and maintain a photo of your child for Facebook, website and security purposes? Yes No

Primary Parent(s) Guardian Information

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

1st Primary Parent(s) Guardian

Last Name	First Name	M.I.	Relationship to Child
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Email Address	Driver's License #	Cell Phone
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Occupation	Employer	Work Address	Work Hours
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2nd Primary Parent(s) Guardian

Last Name	First Name	M.I.	Relationship to Child
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Email Address	Driver's License #	Cell Phone
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Occupation	Employer	Work Address	Work Hours
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Authorize persons to pickup child not Parent or Guardian

Last Name	First Name	Phone
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Last Name	First Name	Phone
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Last Name	First Name	Phone
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