



registration form

birth - 5th grade

today's date

head of household first name last name

spouse first name last name

street address

city state zip code

primary phone number (you will use the last four digits of this number each week to check in your child)

email address

child's first and last name DOB grade gender relationship

child's first and last name DOB grade gender relationship

child's first and last name DOB grade gender relationship

child's first and last name DOB grade gender relationship

special instructions/allergies (these instructions WILL be printed on your child's tag):

special needs awareness (this information will NOT be printed on your child's tag):

how did you hear about us?