



# registration form

## birth - 5th grade

today's date

head of household first name

last name

spouse first name

last name

street address

city and 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, and/or medical concerns, e.g., seizures, diabetes, and so on (this information WILL be printed on your child's tag):**

child's name

instructions/allergies/medical concerns

child's name

instructions/allergies/medical concerns

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

child's name

- vision impairment    hearing impairment    speech impairment  
 noise sensitivity    sensitivity to touch    difficulty focusing  
 behavioral concerns

child's name

- vision impairment    hearing impairment    speech impairment  
 noise sensitivity    sensitivity to touch    difficulty focusing  
 behavioral concerns

anything else you'd like us to know?

how did you hear about us?