



New Family Registration Card

Today's Date:

RESPONSIBLE PARTY INFORMATION

Relationship: Parent/Guardian Grandparent Extended Relative Babysitter Marital Status: Single Married Divorced Engaged Other

First Name: _____ Last Name: _____ First Visit Update My Information

Street Address: _____ City: _____ State: _____ Zip: _____

Birthday: _____ Cell Phone: _____ Primary Email: _____

Spouse (if applicable): _____ Birthday: _____ Cell Phone: _____

CHILD INFORMATION

Name: _____ Birthday: _____ Visitor: Yes No Gender: Male Female

Grade: _____ School: _____ Allergies: _____

Name: _____ Birthday: _____ Visitor: Yes No Gender: Male Female

Grade: _____ School: _____ Allergies: _____

Name: _____ Birthday: _____ Visitor: Yes No Gender: Male Female

Grade: _____ School: _____ Allergies: _____