



## Registration Form

Child's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Mobile Number \_\_\_\_\_

### Medical Information

Doctor's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Medical Concerns/Allergies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contacts

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Relation \_\_\_\_\_  
Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Relation \_\_\_\_\_

## Program

School Year \_\_\_\_\_  
Full Time \_\_\_\_\_  
Days \_\_\_\_\_  
Part Time \_\_\_\_\_  
Days \_\_\_\_\_

Summer Session \_\_\_\_\_  
Full Time \_\_\_\_\_  
Days \_\_\_\_\_  
Part Time \_\_\_\_\_  
Days \_\_\_\_\_