



New Registration Card

Date: _____

Please complete and return this registration card as soon as possible.

Please print * Required Field

*Parent/Guardian #1 Name _____

Parent/Guardian #1 Name _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

*Home Phone _____

*Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Please list children in order from oldest to youngest.

Child's Name (First & Last) _____ Child Lives with _____ Birthdate _____ Grade _____

Nickname _____ Email _____

Child's Name (First & Last) _____ Child Lives with _____ Birthdate _____ Grade _____

Nickname _____ Email _____

Child's Name (First & Last) _____ Child Lives with _____ Birthdate _____ Grade _____

Nickname _____ Email _____

Child's Name (First & Last) _____ Child Lives with _____ Birthdate _____ Grade _____

Nickname _____ Email _____

Are there any allergies? Yes No If yes, Please list child and allergy:
