



## Registration Form

### CHILD'S INFORMATION

Child's Name \_\_\_\_\_  
Last First MI

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

### SCHOOL INFORMATION

**NAME OF SCHOOL: Circle One:** Roosevelt Lincoln Grant

Grade: \_\_\_\_\_

**Days After School:** Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_

**Days Before School:** Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_

### CONTACT INFORMATION

Mother's Name: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's E-Mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's E-Mail: \_\_\_\_\_

## **EMERGENCY CONTACT INFORMATION**

Please provide two contacts for emergency purposes.

Emergency Contact Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

## **HEALTH INFORMATION**

Diabetes: \_\_\_\_\_ Asthma \_\_\_\_\_ Epilepsy \_\_\_\_\_ Allergies \_\_\_\_\_ Recurring Illness \_\_\_\_\_

Other: \_\_\_\_\_

If yes, please explain and complete additional form:

\_\_\_\_\_  
\_\_\_\_\_

Recommendations or Restrictions:

Strenuous Activity \_\_\_\_\_

Other: \_\_\_\_\_

I certify that all of the above information is correct. The person herein described has permission to engage in all activities, except as noted by this form.

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_