



FAMILY REGISTRATION 2023-2024

Parent 1

First Name: _____

Last Name: _____

Date of Birth: _____

Address: _____

Phone # _____

Email: _____

Allergies: _____

Classes: _____

Parent 2

First Name: _____

Last Name: _____

Date of Birth: _____

Address: _____

Phone # _____

Email: _____

Allergies: _____

Classes: _____

Emergency Contact:

Name: _____

Phone Number: _____

Email: _____

Child 1

First Name: _____

Last Name: _____

Date of Birth: _____

Favorite Color: _____ Favorite Activity: _____

Allergies: _____

Classes: _____

Child 2

First Name: _____

Last Name: _____

Date of Birth: _____

Favorite Color: _____ Favorite Activity: _____

Allergies: _____

Classes: _____

Child 3

First Name: _____

Last Name: _____

Date of Birth: _____

Favorite Color: _____ Favorite Activity: _____

Allergies: _____

Classes: _____