



Registration Form

Today's Date ___/___/___

Child Information:

_____	_____	_____	_____
Child's Last Name	First Name	Gender	Date of Birth
_____		_____	
Child's Address	City/State/Zip		

Parent Information:

Student ID #:

_____	_____	_____	_____
Parent Name	Cell Phone	Phone 2	email
_____	_____	_____	_____
Parent Name	Cell Phone	Phone 2	email

Insurance Information:

_____	_____
Provider	Provider Phone
_____	_____
Policy Holder	Policy Number

IN CASE OF AN EMERGENCY, SPECIFY AUTHORIZED PERSONS TO PICK UP CHILD:

_____	_____	_____
Name	Relationship	Phone
_____	_____	_____
Name	Relationship	Phone

Medical Information: Please indicate any of the following that apply to your child:

- Allergy to medicine, food, animal
- ADHD (Attention Deficit Hyperactive Disorder)
- Asthma
- Seizures
- Heart Trouble
- Diabetes
- Bleeding disorders
- Other

Please explain any checked item from above:

Please list any medications your child is currently taking: (student workers not authorized to administer medication)

What are your child's favorite toys, games, and things to do?

How do you comfort your child when s/he is upset?
