



REGISTRATION INFORMATION

List all siblings names

Last _____	First: _____	<input type="checkbox"/>
Last _____	First: _____	
Last _____	First: _____	

Parent/ Guardian Contact Information

Mother/Guardian Name: _____
Address: _____
Work Phone: _____ Cell Phone: _____
E mail: _____
Driver License _____

Father/Guardian Name: _____
Address: _____
Work Phone: _____ Cell Phone: _____
E mail: _____
Driver License _____

Authorized Pick-Up Must provide additional names other than parents.

Name: _____	Driver License: _____	<input type="checkbox"/>
E mail _____		
Name: _____	Driver License: _____	<input type="checkbox"/>
E mail _____		
Name: _____	Driver License: _____	<input type="checkbox"/>
E mail _____		