



www.beehelpful.com

Child's Home Address

City _____ ZIP _____

Others who might pick up your child(ren)
LIST BELOW PLEASE

Name _____ **Relation** _____

Work Number _____ Employed at _____

Cell Number _____ Home Number _____

Name _____ **Relation** _____

Work Number _____ Employed at _____

Cell Number _____ Home Number _____

Name _____ **Relation** _____

Work Number _____ Employed at _____

Cell Number _____ Home Number _____

Name _____ **Relation** _____

Work Number _____ Employed at _____

Cell Number _____ Home Number _____

(It continues on the other side)

Fall Registration

Child's Name _____

Birth day ____/____/____ Age _____

(M) ____ (F) ____ Today's Date _____

Grade entering in the fall _____

School's Name _____

Teacher's Name _____

Mother's Name _____

Mom's Best Email _____

Work Number _____ Employed at _____

Cell Number _____ Home Number _____

Dad's Name _____

Dad's Best Email _____

Work Number _____ Employed at _____

Cell Number _____ Home Number _____

Emergency Contact # 1 _____

Their Numbers H) _____ W) _____ C) _____

Emergency Contact # 2 _____

Their Numbers H) _____ W) _____ C) _____

Child's Physician _____ Phone # _____

Hospital Choice () McLeod () Carolinas () Either

MEDICAL HISTORY

Medical Problems

Allergies

Other Restrictions

Additional Info

STAFF INFO ONLY

Amount Paid _____ Cash or Check # _____

Date it was Paid _____

Person who received the registration _____

Communications

Accident Behavior Conference Date it occurred _____
Parent contacted by _____ Date Discussed _____
What Happened _____

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