



## 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)\*\*\*

## SUMMER Registration

**Child's Name** \_\_\_\_\_

*Birth*day \_\_\_\_/\_\_\_\_/\_\_\_\_ *Age* \_\_\_\_\_

*(M)* \_\_\_\_ *(F)* \_\_\_\_ *Today's Date* \_\_\_\_\_

*Grade entering in the fall* \_\_\_\_\_

*School'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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\_\_\_\_\_

**\*\*\*(It continues on the other side)\*\*\***