

CHILD'S REGISTRATION (CONFIDENTIAL)

CHILD'S NAME _____ BIRTHDATE _____ AGE _____

HOME ADDRESS _____
STREET APT. CITY STATE ZIP

CHILD'S NICKNAME _____

CHILD'S SCHOOL _____ GRADE _____

PARENT'S NAME (PERSON RESPONSIBLE FOR ACCOUNT, AND/OR INSURANCE HOLDER)

ADDRESS _____

HOME TELEPHONE NUMBER _____

BUSINESS NUMBER _____

CELL NUMBER _____

NAME AND PHONE # OF PERSON TO CONTACT IN EMERGENCY _____

CHILD'S INTERESTS _____

INSURANCE _____

NAME OF POLICY HOLDER _____

EMPLOYER'S NAME AND ADDRESS _____

SOCIAL SECURITY NUMBER (POLICY HOLDER) _____

DATE OF BIRTH (POLICY HOLDER) _____

INSURANCE COMPANY NAME AND ADDRESS _____

GROUP NUMBER _____

PARENT'S SIGNATURE _____ DATE _____