Parent / Guardian Information

First / Last Name	First / Last Name
Primary Ph# Cell Home Work	Primary Ph# Cell Home Work
Secondary Ph# Cell Home Work	Secondary Ph# Cell Home Work
Email	Email
Address	Address ☐ Check Box if address is the same as other Parent / Guardian
City / Zip	City / Zip
How do you prefer to be contacted: Text Email	How do you prefer to be contacted: Text Email

Family Emergency Contact

Primary Emergency Contact First / Last Name:	Second Emergency Contact First / Last Name:
Primary Ph#	Primary Ph#
Secondary Ph#	Secondary Ph#

Childrens' Information - Please tell us about each of your children - Nursery (Infant to 2 years) through 12th grade.

First / Last Name	Grade this Fall	Age	Birthdate	Allergies / Needs

_____   _____

Parent / Guardian Signature   Date