

CIRCLE ONE:

NEW OR RETURNING



Summer Registration Form 2018

Billing/Contact Information (Person Responsible for Payments):

Customer Name _____ Sex: (Circle One) M/F
(First) (Last)

Street Address _____

City _____ State _____ Zip _____

Relationship to Child _____ (Parent, Grandparent, etc.)

Home Phone: _____ Cell Phone: _____

Email Address: _____

Secondary Information (2nd Contact Person):

Name _____ Sex: (Circle One) M/F
(First) (Last)

Relationship to Child _____ (Parent, Grandparent, Aunt, Friend etc.)

Home Phone: _____ Cell Phone: _____

Student Information: CIRCLE ONE: NEW OR RETURNING

Name _____
(First) (Last)

Sex: (Circle One) M/F Date of Birth: _____ Age: _____

School: _____ Grade: _____

How did you hear about us? Social Media Phone Book Website Friend

Friend Referral by: _____

RELATED INFORMATION

Family Physician: _____ Phone: _____

Health Care Provider/Plan: _____

Allergies: _____

Chronic Illness/Injuries: _____

Please continue to the other side...