



**FAMILY REGISTRATION FORM**

Start Date:

\_\_\_\_\_

1887 West Oak Parkway, Marietta, GA 30062

**Parent/Guardian Information** (FILL IN COMPLETELY)

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Child Information** (FILL IN COMPLETELY)

**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.  
\_\_\_\_\_  
Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.

Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Emergency Contacts & Authorized Pickup Persons:**  
(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Parent/Guardian Information** (FILL IN COMPLETELY)

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
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Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
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**Child Information** (FILL IN COMPLETELY)

**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
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Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
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Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
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**Emergency Contacts & Authorized Pickup Persons:**  
(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

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Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

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**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

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Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Parent/Guardian Information** (FILL IN COMPLETELY)

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
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Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Child Information** (FILL IN COMPLETELY)

**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
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Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
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\_\_\_\_\_  
Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
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Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
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**Emergency Contacts & Authorized Pickup Persons:**  
(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

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**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

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\_\_\_\_\_



Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Parent/Guardian Information** (FILL IN COMPLETELY)

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
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Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
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Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
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**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
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Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.  
\_\_\_\_\_  
Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
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Address: \_\_\_\_\_

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(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
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 Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
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\_\_\_\_\_  
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**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

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\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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1887 West Oak Parkway, Marietta, GA 30062

**Parent/Guardian Information** (FILL IN COMPLETELY)

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Child Information** (FILL IN COMPLETELY)

**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.  
\_\_\_\_\_  
Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.

Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Emergency Contacts & Authorized Pickup Persons:**  
(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

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Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

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**Additional Comments & Information:**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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1887 West Oak Parkway, Marietta, GA 30062

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**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
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Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
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Office Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
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**Child Information** (FILL IN COMPLETELY)

**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
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Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
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Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No



**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
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(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
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 Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
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**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

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\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
 Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
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 Work Address: \_\_\_\_\_  
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 Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
 List any existing medical conditions, medications and/or special attention your child may require.  
 \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.

Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Emergency Contacts & Authorized Pickup Persons:**  
(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FAMILY REGISTRATION FORM**

Start Date:

\_\_\_\_\_

1887 West Oak Parkway, Marietta, GA 30062

**Parent/Guardian Information** (FILL IN COMPLETELY)

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Child Information** (FILL IN COMPLETELY)

**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.  
\_\_\_\_\_  
Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.

Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Emergency Contacts & Authorized Pickup Persons:**  
(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**FAMILY REGISTRATION FORM**

Start Date: \_\_\_\_\_

1887 West Oak Parkway, Marietta, GA 30062

**Parent/Guardian Information** (FILL IN COMPLETELY)

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Child Information** (FILL IN COMPLETELY)

**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.  
\_\_\_\_\_  
Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.

Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Emergency Contacts & Authorized Pickup Persons:**  
(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FAMILY REGISTRATION FORM**

Start Date:

\_\_\_\_\_

1887 West Oak Parkway, Marietta, GA 30062

**Parent/Guardian Information** (FILL IN COMPLETELY)

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Child Information** (FILL IN COMPLETELY)

**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.  
\_\_\_\_\_  
Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.

Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Emergency Contacts & Authorized Pickup Persons:**  
(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FAMILY REGISTRATION FORM**

Start Date: \_\_\_\_\_

1887 West Oak Parkway, Marietta, GA 30062

**Parent/Guardian Information** (FILL IN COMPLETELY)

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Child Information** (FILL IN COMPLETELY)

**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.  
\_\_\_\_\_  
Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.

Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Emergency Contacts & Authorized Pickup Persons:**  
(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FAMILY REGISTRATION FORM**

Start Date: \_\_\_\_\_

1887 West Oak Parkway, Marietta, GA 30062

**Parent/Guardian Information** (FILL IN COMPLETELY)

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Child Information** (FILL IN COMPLETELY)

**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.  
\_\_\_\_\_  
Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.

Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Emergency Contacts & Authorized Pickup Persons:**  
(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FAMILY REGISTRATION FORM**

Start Date:

\_\_\_\_\_

1887 West Oak Parkway, Marietta, GA 30062

**Parent/Guardian Information** (FILL IN COMPLETELY)

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Child Information** (FILL IN COMPLETELY)

**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.  
\_\_\_\_\_  
Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.

Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Emergency Contacts & Authorized Pickup Persons:**  
(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FAMILY REGISTRATION FORM**

Start Date: \_\_\_\_\_

1887 West Oak Parkway, Marietta, GA 30062

**Parent/Guardian Information** (FILL IN COMPLETELY)

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Child Information** (FILL IN COMPLETELY)

**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.  
\_\_\_\_\_  
Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No



**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.

Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Emergency Contacts & Authorized Pickup Persons:**  
(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FAMILY REGISTRATION FORM**

Start Date: \_\_\_\_\_

1887 West Oak Parkway, Marietta, GA 30062

**Parent/Guardian Information** (FILL IN COMPLETELY)

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Child Information** (FILL IN COMPLETELY)

**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.  
\_\_\_\_\_  
Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.

Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Emergency Contacts & Authorized Pickup Persons:**  
(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FAMILY REGISTRATION FORM**

Start Date:

\_\_\_\_\_

1887 West Oak Parkway, Marietta, GA 30062

**Parent/Guardian Information** (FILL IN COMPLETELY)

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Child Information** (FILL IN COMPLETELY)

**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.  
\_\_\_\_\_  
Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.

Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Emergency Contacts & Authorized Pickup Persons:**  
(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**FAMILY REGISTRATION FORM**

Start Date: \_\_\_\_\_

1887 West Oak Parkway, Marietta, GA 30062

**Parent/Guardian Information** (FILL IN COMPLETELY)

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_

Work Address: \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_

Custodial Parent (If married, mark both parents)

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_

Work Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_

Custodial Parent (If married, mark both parents)

**Child Information** (FILL IN COMPLETELY)

**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

List any existing medical conditions, medications and/or special attention your child may require.

\_\_\_\_\_

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.

Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Emergency Contacts & Authorized Pickup Persons:**  
(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FAMILY REGISTRATION FORM**

Start Date:

\_\_\_\_\_

1887 West Oak Parkway, Marietta, GA 30062

**Parent/Guardian Information** (FILL IN COMPLETELY)

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Child Information** (FILL IN COMPLETELY)

**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.  
\_\_\_\_\_  
Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.

Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Emergency Contacts & Authorized Pickup Persons:**  
(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FAMILY REGISTRATION FORM**

Start Date: \_\_\_\_\_

1887 West Oak Parkway, Marietta, GA 30062

**Parent/Guardian Information** (FILL IN COMPLETELY)

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
 Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
 Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Child Information** (FILL IN COMPLETELY)

**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
 Child's Address: \_\_\_\_\_  
 Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
 List any existing medical conditions, medications and/or special attention your child may require.  
 \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.

\_\_\_\_\_  
Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Emergency Contacts & Authorized Pickup Persons:**  
(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FAMILY REGISTRATION FORM**

Start Date: \_\_\_\_\_

1887 West Oak Parkway, Marietta, GA 30062

**Parent/Guardian Information** (FILL IN COMPLETELY)

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Child Information** (FILL IN COMPLETELY)

**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.  
\_\_\_\_\_  
Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.

Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Emergency Contacts & Authorized Pickup Persons:**  
(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FAMILY REGISTRATION FORM**

Start Date: \_\_\_\_\_

1887 West Oak Parkway, Marietta, GA 30062

**Parent/Guardian Information** (FILL IN COMPLETELY)

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
 Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
 Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Child Information** (FILL IN COMPLETELY)

**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
 Child's Address: \_\_\_\_\_  
 Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
 List any existing medical conditions, medications and/or special attention your child may require.  
 \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.

Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Emergency Contacts & Authorized Pickup Persons:**  
(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FAMILY REGISTRATION FORM**

Start Date: \_\_\_\_\_

1887 West Oak Parkway, Marietta, GA 30062

**Parent/Guardian Information** (FILL IN COMPLETELY)

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Child Information** (FILL IN COMPLETELY)

**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.  
\_\_\_\_\_  
Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No



**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.

Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Emergency Contacts & Authorized Pickup Persons:**  
(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FAMILY REGISTRATION FORM**

Start Date:

\_\_\_\_\_

1887 West Oak Parkway, Marietta, GA 30062

**Parent/Guardian Information** (FILL IN COMPLETELY)

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Child Information** (FILL IN COMPLETELY)

**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.  
\_\_\_\_\_  
Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.

Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Emergency Contacts & Authorized Pickup Persons:**  
(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FAMILY REGISTRATION FORM**

Start Date: \_\_\_\_\_

1887 West Oak Parkway, Marietta, GA 30062

**Parent/Guardian Information** (FILL IN COMPLETELY)

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Child Information** (FILL IN COMPLETELY)

**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.  
\_\_\_\_\_  
Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.

Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Emergency Contacts & Authorized Pickup Persons:**  
(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**FAMILY REGISTRATION FORM**

Start Date: \_\_\_\_\_

1887 West Oak Parkway, Marietta, GA 30062

**Parent/Guardian Information** (FILL IN COMPLETELY)

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Child Information** (FILL IN COMPLETELY)

**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.  
\_\_\_\_\_  
Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.

Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Emergency Contacts & Authorized Pickup Persons:**  
(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FAMILY REGISTRATION FORM**

Start Date: \_\_\_\_\_

1887 West Oak Parkway, Marietta, GA 30062

**Parent/Guardian Information** (FILL IN COMPLETELY)

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
 Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
 Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Child Information** (FILL IN COMPLETELY)

**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
 Child's Address: \_\_\_\_\_  
 Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
 List any existing medical conditions, medications and/or special attention your child may require.  
 \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.

Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Emergency Contacts & Authorized Pickup Persons:**  
(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FAMILY REGISTRATION FORM**

Start Date: \_\_\_\_\_

1887 West Oak Parkway, Marietta, GA 30062

**Parent/Guardian Information** (FILL IN COMPLETELY)

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
 Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
 Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Child Information** (FILL IN COMPLETELY)

**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
 Child's Address: \_\_\_\_\_  
 Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
 List any existing medical conditions, medications and/or special attention your child may require.  
 \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.

Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Emergency Contacts & Authorized Pickup Persons:**  
(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FAMILY REGISTRATION FORM**

Start Date:

\_\_\_\_\_

1887 West Oak Parkway, Marietta, GA 30062

**Parent/Guardian Information** (FILL IN COMPLETELY)

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
 Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
 Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Child Information** (FILL IN COMPLETELY)

**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
 Child's Address: \_\_\_\_\_  
 Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
 List any existing medical conditions, medications and/or special attention your child may require.  
 \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.

Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Emergency Contacts & Authorized Pickup Persons:**  
(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FAMILY REGISTRATION FORM**

Start Date: \_\_\_\_\_

1887 West Oak Parkway, Marietta, GA 30062

**Parent/Guardian Information** (FILL IN COMPLETELY)

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Child Information** (FILL IN COMPLETELY)

**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.  
\_\_\_\_\_  
Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.

Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Emergency Contacts & Authorized Pickup Persons:**  
(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FAMILY REGISTRATION FORM**

Start Date:

\_\_\_\_\_

1887 West Oak Parkway, Marietta, GA 30062

**Parent/Guardian Information** (FILL IN COMPLETELY)

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Child Information** (FILL IN COMPLETELY)

**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.  
\_\_\_\_\_  
Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No



**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.

Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Emergency Contacts & Authorized Pickup Persons:**  
(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FAMILY REGISTRATION FORM**

Start Date: \_\_\_\_\_

1887 West Oak Parkway, Marietta, GA 30062

**Parent/Guardian Information** (FILL IN COMPLETELY)

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Child Information** (FILL IN COMPLETELY)

**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.  
\_\_\_\_\_  
Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
List any existing medical conditions, medications and/or special attention your child may require.

Allergies: \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Emergency Contacts & Authorized Pickup Persons:**  
(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
 Able to pick up all children in the family  
 Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_