



Registration Form

First Name: _____ Last Name: _____

Age: _____ DOB: ____ / ____ / ____

Address: _____ City: _____

State: _____ Zip: _____

Parent/Guardian Information #1:

Parent/Guardian Name: _____

Relationship to Participant: _____

Address: _____

Cell Phone: _____ Email: _____

Parent/Guardian Information #2:

Parent/Guardian Name: _____

Relationship to Participant: _____

Address: _____

Cell Phone: _____ Email: _____



All About the Participant:

School: _____ **Grade:** _____

Programs/Classes he/she attends outside of school:

Personal/Family Information (Siblings name/ages):

Pets:

Hobbies and favorite activities

Favorite foods and drinks:



Medical Alerts:

Allergies:

Does your child have a prescribed EpiPen? _____

Medical History:

Fears and dislikes:

Behavioral challenges and how are they handled:



Please use this page to describe any medical alerts and/or anything important that we need to know about your child: