

# WELCOME TO



## FAMILY INFORMATION -- PLEASE PRINT!

Name: (first and last)	Spouse's Name:
Address:	
City, State, Zip:	
Phone/Cell:	Spouse's Cell:
Email:	Spouse's email:

\*\*\*If children not attending with parent, what is your relationship to the child(ren)? \_\_\_\_\_  
 Relationship \_\_\_\_\_

Volunteers, please make any notes which might be useful for data entry (for example, first time for child but not first time for parent, etc) (office use)

## CHILDREN

	Name: First and Last	M/F	Birth Date	Grade in school	Allergies/ Medical Conditions	Class assignment Office Use
1						
2						
3						
4						
5						
6						

**OFFICE USE:** Security Code: \_\_\_\_\_ Date: \_\_\_\_\_ Service: 1st 2nd 3rd