



**Registration Form**

Date \_\_\_\_\_

**STUDENT INFORMATION:**

Student's Full Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

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

Student's Phone: \_\_\_\_\_ Student's email: \_\_\_\_\_

School: \_\_\_\_\_ Rising or Current Grade: \_\_\_\_\_

Student's Primary Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

List any current medications, dosages and schedule: \_\_\_\_\_

\_\_\_\_\_

**PARENT INFORMATION:**

Mother: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Marital Status: Married Divorced Separated Widowed Remarried

Father: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Marital Status: Married Divorced Separated Widowed Remarried

In Case of Emergency and Parents Cannot be Contacted: Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_