

Registration Form/Emergency Information

(Please fill one form per child with \$250 non-refundable fee)

Student Name _____ DOB ____/____/____ Gender M__ F__

School _____ City _____

Grade (Fall 2025) _____

Mother Name _____ Email _____

Contact # Cell _____ Work _____

Home Address

Home Phone # _____

Father Name _____ Email _____

Cell# _____ Work _____

Home Phone _____

Emergency Contacts

Name _____ Phone _____ Number _____

Relationship _____

Doctor's Name _____

Address _____

Doctor's Phone _____

Insurance Provider _____ Policy Number _____

Subscriber Name _____

List all medical and special conditions such as allergies to food, medicine, etc