

Children's Registration

Today's Date ___/___/___

Your Name _____

Relationship to child _____

I am not the parent but will be the primary person to check the child(ren) in. Please enter them into my household

Marital Status: Married Single

Spouse's Name (if applicable) _____

Your Address _____

City, State, Zip _____

Email _____

Home Phone (____) _____ Cell Phone (____) _____

CHILDREN Full Name _____ Male Female
DOB ___/___/___ Allergies _____

Full Name _____ Male Female
DOB ___/___/___ Allergies _____

Full Name _____ Male Female
DOB ___/___/___ Allergies _____

CHILDREN Full Name _____ Male Female
DOB ___/___/___ Allergies _____

Full Name _____ Male Female
DOB ___/___/___ Allergies _____

Full Name _____ Male Female
DOB ___/___/___ Allergies _____

Checked in By _____

Notes _____

For Office Use

- New Household
- Added Child to Household
- Information Update