

# REGISTRATION FORM

(Please Print)



Today's Date \_\_\_\_\_

## PARTICIPANT INFORMATION

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Sex: Female  Male

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other things you would like to tell us about your child: \_\_\_\_\_

Does your child need a 1 on 1 professional aid? Yes  No

Medical Information: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Please list any medical conditions: \_\_\_\_\_

Emergency Contact (other than parent)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ I am verbal  I am not verbal

What is the best way to communicate: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Bathroom: I can go independently  I need assistance  I am not toilet trained

Special Instructions: \_\_\_\_\_



Any Disruptive Behaviors: Yes  No

Special Instructions: \_\_\_\_\_

Mother First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mothers Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Father First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

The above information is true to the best of my knowledge

\_\_\_\_\_  
Signature of Parent/Guardian