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## REGISTRATION FORM

CHILD'S NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ GENDER \_\_\_\_\_

HOMEPHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT(S) OR GUARDIAN(S) \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

PARENT NAME AND ADDRESS IF OTHER THAN ABOVE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### PARENT 1:

BUSINESS NAME \_\_\_\_\_ BUSINESS ADDRESS \_\_\_\_\_

BUSINESS PHONE NUMBER \_\_\_\_\_ WORK HOURS \_\_\_\_\_

### PARENT 2:

BUSINESS NAME \_\_\_\_\_ BUSINESS ADDRESS \_\_\_\_\_

BUSINESS PHONE NUMBER \_\_\_\_\_ WORK HOURS \_\_\_\_\_

DOCTOR NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

### PERSONS ALLOWED TO PICK UP CHILD

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

### NAMES OF THOSE TO CONTACT IN EMERGENCY IF PARENTS UNREACHABLE

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

ALLERGIES \_\_\_\_\_ MEDICATIONS \_\_\_\_\_

FEARS \_\_\_\_\_

SPECIAL NEEDS \_\_\_\_\_

GENERAL PERSONALITY DESCRIPTION \_\_\_\_\_

PARENT/ GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_