



FAMILY REGISTRATION FORM

Start Date: _____

3422 Ernest Barrett Parkway
Marietta, GA 30064
(770) 499-1915

Parent/Guardian Information (FILL IN COMPLETELY)

Father/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employed by: _____ Work Address: _____

Office Phone: _____ Work Hours: _____ to _____

Email: _____ Father's SS#: _____

Marital Status: Married Single Divorced Separated Widowed Other: _____

Custodial Parent (If married, mark both parents)

Preferred PIN number for checking in/out (4 digit number, must be different than all other pick ups)

1st choice: _____ 2nd Choice: _____

Mother/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employed by: _____ Work Address: _____

Office Phone: _____ Work Hours: _____ to _____

Email: _____ Mother's SS#: _____

Marital Status: Married Single Divorced Separated Widowed Other: _____

Custodial Parent (If married, mark both parents)

Preferred PIN number for checking in/out (4 digit number, must be different than all other pick ups)

1st choice: _____ 2nd Choice: _____

Child Information (FILL IN COMPLETELY)

1st Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ SS#: _____

List any existing medical conditions, medications and/or special attention your child may require.

Allergies: _____

Pediatrician's Name: _____ Phone: _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

2nd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ SS#: _____

List any existing medical conditions, medications and/or special attention your child may require.

Allergies: _____

Pediatrician's Name: _____ Phone: _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

3rd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ SS#: _____

List any existing medical conditions, medications and/or special attention your child may require.

Allergies: _____

Pediatrician's Name: _____ Phone: _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

4th Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ SS#: _____

List any existing medical conditions, medications and/or special attention your child may require.

Allergies: _____

Pediatrician's Name: _____ Phone: _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

Emergency Contacts & Authorized Pickup Persons:

(OTHER THAN PARENTS/GUARDIANS)

1st Contact/Pick-up Name: _____ Phone: _____

Address: _____

Relationship to child: _____

PIN for check In/Out (4 digit number, must be different than all other pick-ups): _____

Able to pick up all children in the family

Not able to pick up the following children: _____

2nd Contact/Pick-up Name: _____ Phone: _____
Address: _____
Relationship to child: _____
PIN for check In/Out (4 digit number, must be different than all other pick-ups): _____
 Able to pick up all children in the family
 Not able to pick up the following children: _____

3rd Contact/Pick-up Name: _____ Phone: _____
Address: _____
Relationship to child: _____
PIN for check In/Out (4 digit number, must be different than all other pick-ups): _____
 Able to pick up all children in the family
 Not able to pick up the following children: _____

4th Contact/Pick-up Name: _____ Phone: _____
Address: _____
Relationship to child: _____
PIN for check In/Out (4 digit number, must be different than all other pick-ups): _____
 Able to pick up all children in the family
 Not able to pick up the following children: _____

Tuition / Payment Information:

Current Tuition Amount: _____ Weekly Bi-Weekly Monthly Other: _____

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

Additional Comments & Information:

Is there any other information that would be helpful to our management and teaching staff?

Signature:

Parent's Signature: _____ Date: _____