



Registration

Child's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: _____

City State Zip

Home Phone: _____

Parent/Guardian: _____
SS# _____

Parent/Guardian: _____
SS# _____

Address: _____

Address: _____

Cell Phone: _____ Carrier: _____

Cell Phone: _____ Carrier: _____

Home: _____

Home: _____

Work: _____

Work: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Email: _____

Email: _____

Physician: _____ Phone: _____

Address: _____

Preferred Hospital: _____

Name of person(s) with legal custody: _____

Persons **NOT** authorized to pick up your child:

Please list **2** persons **other than the parents, with different phone numbers** to notify in case of emergency:

1. _____
Name Phone Relationship to child

Full Street Address (no PO Box numbers please) City State Zip

2. _____
Name Phone Relationship to child

Full Street Address (no PO Box numbers please) City State Zip

Please list **2** persons **other than the parents, with different phone numbers**, authorized to pick up your child:
(Children may not leave LeafSpring School without written permission from the parent/guardian.)

1. _____
Name Phone Relationship to child

Full Street Address (no PO Box numbers please) City State Zip

2. _____
Name Phone Relationship to child

Full Street Address (no PO Box numbers please) City State Zip