

Les Enfants de Seattle

Registration Form

Name of Child: _____ Birthday: _____

Address: _____
Street City Zip

First Parent/Guardian:
Home Phone Number: _____ Work #: _____ Cell: _____

E-mail address: _____

Second Parent/Guardian:
Home Phone Number: _____ Work #: _____ Cell: _____

E-mail address: _____

Other People to notify in case of an emergency:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Other than you, who has permission to pick up your child:

Name: _____ Address: _____ Phone #: _____

Name: _____ Address: _____ Phone #: _____

Are there any special issues, including medical, that we need to know about your child?

Are there any foods that need to be restricted to your child? _____

Name of Insurance Company: _____ Policy #: _____

Name of Policy Holder: _____

Child's Doctor: _____ Phone: _____

X _____
Signature of Parent/Guardian