



**FAMILY REGISTRATION FORM**

Start Date: \_\_\_\_\_

1887 West Oak Parkway, Marietta, GA 30062  
678-594-8700

**Parent/Guardian Information** (FILL IN COMPLETELY)

Father/Guardian	First Name: _____	M.I. _____	Last Name: _____
	Address: _____		
Home Phone: _____	Employed by: _____		Cell Phone: _____
Office Phone: _____	Work Address: _____	Work Hours: _____ to _____	Father's SS#: _____
Email: _____	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other: _____		
<input type="checkbox"/> 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: _____	Employed by: _____		Cell Phone: _____
Office Phone: _____	Work Address: _____	Work Hours: _____ to _____	Mother's SS#: _____
Email: _____	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other: _____		
<input type="checkbox"/> 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: _____
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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: _____
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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: _____
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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
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 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
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 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
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 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
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 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:

\_\_\_\_\_