



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

**FAMILY REGISTRATION FORM**

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

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

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

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)*

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: \_\_\_\_\_