

## First Day School Registration Form

Today's Date \_\_\_\_\_

Grade in school \_\_\_\_\_

\_\_\_\_\_  
Child's first name

\_\_\_\_\_  
Child's last name

\_\_\_\_\_  
Email address of parents-1

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Home & Cell phone Nos

\_\_\_\_\_  
Email address of parents-2

\_\_\_\_\_  
Parent's Name-1

\_\_\_\_\_  
Parent's Name-2

\_\_\_\_\_  
Address/City/Zip

Does your child have any food restrictions or allergies?

Does your child have any other health condition, allergies (especially to bee stings), or medication issues that we should know about? If so, please share with us.