ALL MY CHILDREN REGISTRATION FORM

Child Information

CHILD #1

Name _____ **Nickname** _____ **Age** _____

Gender Male ☐ Female ☐ **Birthday** _____ **Photo Release** Yes ☐ No ☐

Existing Medical Conditions _____

Allergies _____

Requested Start Date _____

CHILD #2

Name _____ **Nickname** _____ **Age** _____

Gender Male ☐ Female ☐ **Birthday** _____ **Photo Release** Yes ☐ No ☐

Existing Medical Conditions _____

Allergies _____

Requested Start Date _____

CHILD #3

Name _____ **Nickname** _____ **Age** _____

Gender Male ☐ Female ☐ **Birthday** _____ **Photo Release** Yes ☐ No ☐

Existing Medical Conditions _____

Allergies _____

Requested Start Date _____

ALL MY CHILDREN REGISTRATION

Parent / Guardian Information

1ST PRIMARY GUARDIAN

First Name _____ Last Name _____

Relationship to Child _____ Email _____

Cell Phone _____

Home address _____

2ND PRIMARY GUARDIAN

First Name _____ Last Name _____

Relationship to Child _____ Email _____

Cell Phone _____

Home address _____

Parent / Guardian Information

EMERGENCY CONTACT INFORMATION

Name _____ Email _____

Phone _____ Relationship to child(ren) _____

List names of those authorized to pick up child(ren):

_____

ALL MY CHILDREN REGISTRATION FORM

Parent / Guardian Information

PEDIATRICIAN INFORMATION

Physician Name: _____ **Phone Number** _____

Address _____ **Preferred Hospital** _____

Comments:

_____

Signature _____ **Director Signature** _____

(Type your name if electronic)

Date _____

Please email to JACKI@AMCLEARNINGCENTER.COM

For Office Use Only:
Date Enrolled:
Date Registration Fee Received:
Start Date:

Registration is not accepted until deposit is paid in full.
Existing clients: Please check your account to pay the deposit
New clients: We will contact you to provide electronic payment instructions