



Registration

Date: _____

Please complete this form and return it to the Check-In Stations. Upon receipt of this completed form, your child(ren)/youth will be added to the appropriate class list, simplifying check-in and communicating medical and security information.

Parent 1

Name _____

Date of Birth (optional) ___ / ___ / ____

Male Female

Home Phone _____

Address _____ City _____ Zip _____

Email Address (if you want to be added to weekly newsletter mailing list) _____

Parent 2

Name _____

Date of Birth (optional) ___ / ___ / ____

Male Female

Child/Youth 1

Name _____

Date of Birth ___ / ___ / ____ Grade _____

Male Female School _____

Special Instructions/Allergies _____

Child/Youth 2

Name _____

Date of Birth ___ / ___ / ____ Grade _____

Male Female School _____

Special Instructions/Allergies _____

Child/Youth 3

Name _____

Date of Birth ___ / ___ / ____ Grade _____

Male Female School _____

Special Instructions/Allergies _____

Child/Youth 4

Name _____

Date of Birth ___ / ___ / ____ Grade _____

Male Female School _____

Special Instructions/Allergies _____

Please list any adults, not previously listed, that are authorized to pick up your children:

Please let us know if:

This is our first time at Centerpointe

We would like to learn more about Centerpointe

We are visiting friends or family