



**FAMILY REGISTRATION FORM**

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

2100 Post Oak Tritt Road  
Marietta, GA 30062  
(770) 971-7200

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

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone Carrier: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Work Hours: \_\_\_\_\_ to \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed  Other: \_\_\_\_\_  
 Custodial Parent (If married, mark both parents)

**Child Information** (FILL IN COMPLETELY)

**1st Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Age: \_\_\_\_\_  
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: \_\_\_\_\_

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Age: \_\_\_\_\_  
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: \_\_\_\_\_

**Emergency Contacts & Authorized Pickup Persons:**  
(OTHER THAN PARENTS/GUARDIANS)

**1st Contact/Pick-up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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: \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**Signature:**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_