

Welcome to



Registration Form

Date: _____

 Child's Full Name: _____ Child DOB: _____

Name of person Registering Child: _____

Mom: _____ Dad: _____ Other: _____

 Address: _____

Mom cell: _____ Dad cell: _____ Guardian cell: _____

Email Address: _____


Name of authorized person to pick up: _____

 Phone Number: _____ Relationship: _____

Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached:


Name: _____ Relationship to Child: _____

 Address: _____

 Home Phone: _____ Cell Phone: _____

Does your child have any known allergies or take any medication on a regular basis? Yes No

If yes, explain:

 List of allergies:

Medications:

* I need special accommodations:



In the event I cannot be reached to make arrangements for emergency medical care, I authorize Little Stem Academy to perform or obtain any First Aid or emergency medical attention that my child may require

Signed: _____ Date: _____

Name of pediatrician _____ Phone Number: _____

Clinic or Hospital: _____