



Registration

Child's Name: _____

Home Address: _____

Home Phone: _____ Date of Birth: _____

Allergies: _____

Additional Comments: _____

Mother or Guardian Name: _____

Cell Phone: _____

Father or Guardian Name: _____

Cell Phone: _____

I authorize the following individuals to collect my child from SSCA in case of an emergency or if I cannot be contacted:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

