Child Registration	<u>on</u> Today's Date		Date	1018
Child's name	s nameBirth			
Address	os child ever i	1.35	Yes	
City	StateZip (Code	Phone #	
Child's School				
Emergency Contact F	Person		Phone#	
Father's Information	<u>1</u>			
Name			Birth Date	
Address	<u> </u>			
City	_StateZip (Code	Phone #	
Cell #	SSN#	ŧ	4	
Employer			_ Work Phone #	
Father's Dental Insu	ırance Co			
Mother's Informatio	n the care of			
Name	being token i		Birth Date	
Address				
City	_StateZip(Code	Phone #	
Cell #	SSN#	<u> </u>		
Employer			_ Work Phone #	· · · · · · · · · · · · · · · · · · ·
Mother's Dental Ins	urance Co		<u> </u>	
Responsible party af	ter insurance	paymen:	ts:	