

During the last few months we have been upgrading our computer system and updating our customer database. In order to serve you better we are asking you to fill out the attached form. Please fill it out neatly and accurately and include all members of your household. This information will help us process your future registrations more quickly and accurately. All information included in this form will not be shared or sold to any other company or business.

Primary Guardian (Please Print)

Last Name: _____ First Name: _____
 Birthdate: _____ Gender: Male Female
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: () _____ Work () _____ Cell () _____
 Emergency Contact Name: _____ Emergency Contact Phone: () _____
 E-mail Address* _____
 Medical Info (ex: allergies, special needs): _____

*We will e-mail your Webtrac Household Id and Pin to you.

Secondary Guardian Not Applicable

Last Name: _____ First Name: _____
 Cell Phone: () _____ Birthdate: _____ Gender: Male Female
 Emergency Phone: () _____ Relation to You: Child Spouse Other _____
 Medical Info (ex: allergies, special needs): _____

Other Household Members

Last Name: _____ First Name: _____
 Grade (going into) _____ Birthdate: _____ Gender: Male Female
 Relation to You: Child Spouse Other _____
 Medical Info (ex: allergies, special needs): _____

Other Household Members

Last Name: _____ First Name: _____
 Grade (going into) _____ Birthdate: _____ Gender: Male Female
 Relation to You: Child Spouse Other _____
 Medical Info (ex: allergies, special needs): _____

Other Household Members

Last Name: _____ First Name: _____
 Grade (going into) _____ Birthdate: _____ Gender: Male Female
 Relation to You: Child Spouse Other _____
 Medical Info (ex: allergies, special needs): _____