

# BREIEL KIDS - FIRST TIME FAMILY REGISTRATION

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

## 1. CHILD(REN)

First Name	Name child goes by (if different)	Last Name	Gender	Birthdate (mm,dd,yyyy)	Grade or age if 5 & under	School	Food allergies/ medical/special instructions

## 2. PARENT/GUARDIAN INFORMATION

First Name	Last Name	Relationship	Cell Phone #	Email

## 3. ADDRESS

Street Address	
City, State	
Zip Code	

## 4. OTHERS AUTHORIZED TO PICK UP YOUR CHILD(REN)

First Name	Last Name	Relationship

