

Today's Date _____

Higher Ground

Child and Family Registration

Staff use only	

Married Single Parent Widow

Parent/Guardian Name (s) _____

Home Phone _____ Cell Phone _____ Email Address _____

Address _____ City _____ State _____ Zip _____

Child's Name	Date of Birth	Age	Grade	Gender	Allergies	Special Needs

Please sign and give your **date of birth** for verification in case you lose your child claim stub.

Signature _____ Date of Birth _____ Signature _____ Date of Birth _____

Staff use only Permanent ID Badge _____ ACS

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