



Today's Date: _____

Visiting Family Registration Form

Please fill out the following...

Have you attended PBC before: Y / N

YOUR NAME:

Mr. Mrs.

Ms. Miss _____ Date of Birth: _____

Main # _____ **Cell #** _____

E-mail _____

STREET ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

SPOUSE NAME (if applicable):

(Are they attending Y or N)

Mr. Mrs. _____ Date of Birth: _____

Cell # _____ **E-mail** _____

Child's Name _____ **M or F** **Date of Birth** _____

GRADE / Age _____ (during summer months—what grade completed)

Child's Name _____ **M or F** **Date of Birth** _____

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Child's Name _____ **M or F** **Date of Birth** _____

GRADE / Age _____ (during summer months—what grade completed)

Does your child have any special needs or allergies we should know about? Yes No

If yes, child's name and information...

Office Use Only: Main Connection Basix SideKix Mini Mix Fix Other: _____ Initials: _____