



TATERS Registration Form

(please fill out a separate form for each child)

Child's First Name (Preferred name, if different) Last Name

Age on September 1, 2010 Date of Birth Male/Female

Mother's Last Name First Name

Address City State Zip

Home Phone Number Mom's Cell Phone Number

Father's Last Name First Name Work or Cell Phone Number

Doctor's Name Address Phone Number

Secondary Emergency Contact Name Phone Number Relationship

Allergies

Siblings' Names and Dates of Birth:

_____	_____
_____	_____
_____	_____
_____	_____

Special Needs and Instructions:



