



New Family Registration

Last Name: _____ Today's Date: _____

Parent/Guardian First Name(s): _____

Email: _____

Phone # (For each parent signing in kids): 1) _____ 2) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Child Information

First Name	Last Name	Birthday (mm/dd/yyyy)	Grade	Allergies/Medical Concerns

How did you hear about Antioch? _____
