

Cobra Gymnastics & Dance Center

Registration Card

Name	Gender	DOB / /
Sibling	Gender	DOB / /
Sibling	Gender	DOB / /
Mailing Address		Apt. #
City	State	Zip
Please check boxes for preferred phone numbers and email contacts to use.		
Self or Mother/Guardian	Cell <input type="checkbox"/>	Work <input type="checkbox"/>
Email <input type="checkbox"/>	Home Phone <input type="checkbox"/>	
Father/Guardian	Cell <input type="checkbox"/>	Work <input type="checkbox"/>
Email <input type="checkbox"/>	Home Phone <input type="checkbox"/>	
Anyone who CAN NOT pick up your child	Person Responsible for Payment	
Emergency Contact Information		
Name	Phone	Relationship
Name	Phone	Relationship
Medical Information		
Doctor	Phone Number	
Medical Insurance Carrier	Policy #	Member #
Allergies		
Medical/Physical Conditions to be Aware of:		
How did you hear about us?		
Please comment on you or your child's learning style.		
Office Use Only	<input type="checkbox"/> Punch Card	<input type="checkbox"/> Trial
	<input type="checkbox"/> Member	<input type="checkbox"/> Monthly