Please fill out a separate form for each child.

Child's Last Name:	First Name
Preferred Name	Grade in September
Age: Birth date:	
Parent/Guardian: Name:	
Address:	· · · · · · · · · · · · · · · · · · ·
Cell #	E-mail
Home #	
Parent/Guardian: Name:	
Address:	
Cell #	E-mail
Home #	

Please share any needs we must know about your child:	
Allergies:	
Medical Conditions:	
Medications:	
Anything else you would like us to know about your child:	
Date:	
*I give permission for my child's picture to be shared on SNUUC social media:	
Parent/Guardian Name:	
Signature	