

Aikido Academy of Nebraska After School Registration Form

Student's Information

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

School Attending: _____

School Start time: _____ School Ending Time: _____

Grade Level: _____ Teacher's Name: _____

Principle's Name: _____ Phone Number: _____

Parent's Information

Mother's Name: _____ Father's Name: _____

Address: _____ Phone: _____

Work: _____ Work Phone: _____

Work: _____ Work Phone: _____

Alternate Phone Numbers: _____

Emergency Contacts

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical Information

Doctor: _____ Phone Number: _____

Hospital: _____

Allergies: _____

Medications: _____

Printed Name

Signature

Date