

Wonder World

1359 Morris Ave. Union, NJ 07083
Tel: (908) 687-2452 Fax: (908) 687-8507

Start Date: _____

Referred by _____

REGISTRATION FORM

Date of Application	_____	Child's SS#	_____
Child's full name	_____	Name child goes by	_____
Child's Date of birth	_____	Child's phone number	_____
Child's home address	_____		

PARENT OR GUARDIAN INFORMATION

Father's Name	_____	Mother's Name	_____
Home Address	_____	Home Address	_____
Driver Lic. #	_____	Driver Lic. #	_____
Father's SS#	_____	Mother's SS#	_____
Home Phone	_____	Home Phone	_____
Cell Phone	_____	Cell Phone	_____
Email Address	_____	Email Address	_____

WHERE TO REACH PARENT OR GUARDIAN

Father's Occupation	_____	Mother's Occupation	_____
Place of Business	_____	Place of Business	_____
Business Address	_____	Business Address	_____
Business Phone	_____	Business Phone	_____

CONTACTS

EMERGENCY CONTACTS (at least two other than parents.)

Contact #1	Name _____	Address _____	Phone _____
Contact #2	Name _____	Address _____	Phone _____

Persons authorized to pick up child/children _____

Child's Doctor _____ Phone # _____

Address _____

FAMILY INFORMATION

Brothers and/or Sisters **(Please indicate ages and whether they live with child.)**

Any other persons living with child and relationship

Signature of Parent or Guardian

Date

Social Security #