



jjieokinawa@gmail.com
www.facebook.com/jjie/

REGISTRATION FORM

Child's Full Name: _____
(First) (Middle) (Last)

Birth Date: _____

Food and/or Other Allergies: _____

Any Special Health Conditions: _____

Address (NO PSC BOX) _____

Mother's First Name: _____ Last Name: _____

Cell Phone: (____) _____

Work Phone: (____) _____

Email Address: _____

Father's First Name: _____ Last Name: _____

Cell Phone: (____) _____

Work Phone: (____) _____

Email Address: _____

Other Household Member/s:

Name/s	Age	Relationship

Please note that the school has no access to American based phone numbers



jjieokinawa@gmail.com
www.facebook.com/jjie/

EMERGENCY CONTACTS

Primary Emergency Contact (other than parents or guardian)

First & Last Name: _____

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Secondary Emergency Contact (other than parents or guardian)

First & Last Name: _____

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Person (s) authorized to pick up my child: (Other than parents, guardians, or emergency pick-ups)

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

- Please note that we cannot access American based phone numbers.