

Cougar Cubs 2017-18 Registration Form
(Please Print Clearly)

Please select one option:

Fall (October-January) Spring (February-May) Full year (October-May)

Child's Legal Name: _____ Male _____ Female _____

Birth Date: _____ Age: _____ *

Address: _____ ** Home Phone: _____

Mother's Name: _____ Occupation: _____

Mother's Email Address: _____

Mother's Cell Phone: _____ Business Phone: _____

Father's Name: _____ Occupation: _____

Father's Email Address: _____

Father's Cell Phone: _____ Business Phone: _____

Preferred method of communication: email cell phone home phone no preference

Alternate contact in case of emergency:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Please indicate medical issues/allergies:

*Copy of certificate of birth required

**Copy of Drivers License with Cranford Address / Proof of Cranford Address required

Please include a \$25.00 registration fee (Checks only, please payable to Cranford High School)

Parent/Guardian Signature: _____ Date: _____

Cougar Cubs: Student Background Information

Name of child: _____

Please indicate what your child does well.

Please describe your child's personality.

Please indicate your child's likes and special interests.

Please indicate your child's dislikes.

Please indicate your child's fears.

Please provide any other information that would be helpful to understand your child.

Parent/Guardian Signature: _____ Date: _____