NEW HOUSEHOLDS

Return to registration@bloomingdaleparks.org

Today's Date:_____

Primary Guardian Name:_____ Resident: Y / N
(First) (Last)

Primary Guardian's Birthday:_____

Email Address:_____

Address:_____
_____

Primary Phone #:_____(cell or landline)
Secondary Phone #:_____(cell or landline)

FAMILY MEMBERS:

Name	Birthday	Grade	Gender
_____	_____	_____	F/M
_____	_____	_____	F/M
_____	_____	_____	F/M
_____	_____	_____	F/M
_____	_____	_____	F/M
_____	_____	_____	F/M
_____	_____	_____	F/M