

ANNUAL REGISTRATION RENEWAL FORM



Father: _____

Mother: _____

Cell: _____

Cell: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

E-Mail Address: _____

E-Mail Address: _____

Child's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Out of State Emergency Contact: _____

Child's Doctor: _____

Child's Dentist: _____

Updated Relevant Child Information: _____

Along with this form, please provide us with your child's most recent **DEPARTMENT OF HEALTH CIS vaccination records** so that we can insure we have all updated records on file. This form is available on the Department of Health website. You are welcome to either bring in the records or fax the records to (425) 397-3826.

Thank you and please don't hesitate to let us know if you have any questions or concerns.

Signature: _____ **Date:** _____