

NEW HOUSEHOLD SETUP

*Red indicates a required field.

Resident or Non-Resident

First Name (age 18 +)

Last Name

Address 1

City

State

Zip Code

Primary Phone

Primary Phone Type - Home or Cell

Secondary Phone

Secondary Phone type - Home, Cell, or Work

Primary Email

Secondary Email

Birthdate (18 or older) (MM/DD/YYYY)

Age

Gender

Features (Check if Applicable)

Military Corporate Discount

Organization Name

ADDITIONAL FAMILY MEMBERS

Secondary Guardian (if Applicable)

FIRST name

GENDER Male Female

LAST name

Phone

Birthdate (MM/DD/YYYY)

Email

ADDITIONAL FAMILY MEMBERS

FIRST name

GENDER Male Female

LAST name

Email

Birthdate (MM/DD/YYYY)

Grade

**Continued on back if needed

NEW HOUSEHOLD SETUP

FIRST name

GENDER Male Female

Email

LAST name

Birthdate (MM/DD/YYYY)

Grade

FIRST name

GENDER Male Female

Email

LAST name

Birthdate (MM/DD/YYYY)

Grade

First name

GENDER Male Female

Email

Last name

Birthdate (MM/DD/YYYY)

Grade

FIRST name

GENDER Male Female

Email

LAST name

Birthdate (MM/DD/YYYY)

Grade

Emergency Contact

FIRST Name

Mail Address

City

Zip

State

LAST Name

Home/cell phone

Email

Relationship