

## THE SOCIAL CLUB MEMBERSHIP FORM

### MEMBERS INFORMATION (CHILD INFORMATION)

Full name:

Nick name:  Gender:  Female  Male

Date of birth:  Mobile number:

Address:

School:

Grade:

What are your child's favorite things and activities:

Does your child join any other organized peer activities?  Yes  No

If yes, please describe:

Does your child have any allergies?  Yes  No

If yes, please describe:

Instructions in case of allergic reaction:

Special medications:

What are  
your child's strengths?

What are the  
behaviors of concerns of your child?

Does your child  
have any special needs? Please  
provide details.

### PARENTS INFORMATION

Name of father:

Phone Number:

Name of mother:

Phone Number:

Email address:

Who are living at home together with the child?

Are parents joining PSG:  Yes  No

### OFFICE USE ONLY

Name of child:

Member ID:

Expiration dates:

Date of payments:

Notes: