



Child Registration Form

Today's Date _____ How did you you hear about us? _____

Parent/Guardian

First and Last Name _____
Home Address _____
City/State/Zip _____
Cell (____) _____ Home (____) _____ Work (____) _____
Employer & Address _____
Email Address _____

Parent/Guardian

First and Last Name _____
Home Address _____
City/State/Zip _____
Cell (____) _____ Home (____) _____ Work (____) _____
Employer & Address _____
Email Address _____

Child Information

Child#1 Name: _____ Gender: M/F DOB: ___/___/____
Are there any special conditions to be aware of (medical/allergy/dietary/asthma/special needs)? **Y / N**
If yes, please explain: _____

Child#2 Name: _____ Gender: M/F DOB: ___/___/____
Are there any special conditions to be aware of (medical/allergy/dietary/asthma/special needs)? **Y / N**
If yes, please explain: _____

Child#3 Name: _____ Gender: M/F DOB: ___/___/____
Are there any special conditions to be aware of (medical/allergy/dietary/asthma/special needs)? **Y / N**
If yes, please explain: _____

Child#4 Name: _____ Gender: M/F DOB: ___/___/____
Are there any special conditions to be aware of (medical/allergy/dietary/asthma/special needs)? **Y / N**
If yes, please explain: _____