



Registration Form

(One Per Child)

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Name of person(s) who are allowed to pick up/drop off your child(ren) _____

If your child has permission to leave the premises unaccompanied, please check the box and initial here: ☐ _____

Phone number: (____) _____

Additional phone number: (____) _____

Email address: _____

I give permission for my child to have their photos taken for promotional purposes: Yes ☐ No ☐

Allergies, medical conditions, or special needs: _____



In case of emergency, contact: _____

Phone: _____

Relationship to child: _____