KidsCo (Ages 0-4 years)
Registration Form 2026-2027

Name: _____

Date of Birth: _____

Grade (if applicable): _____

Dietary Restrictions: _____

Allergies (please be specific with reaction etc.): _____

_____

_____

Parent's/Guardians' Names and phone numbers:

_____

_____

I attend MomCo the same night as KidsCo. Yes or No

Strategies or things we should be aware of to help your child within the group setting:

_____

_____

_____

Home E-Mail: _____

I give permission for my child's/children's photo to be taken. Yes or No

I give permission for my child's/children's photo to be shared on social medica Yes or No

_____ _____

Date Parent's/Guardian's Signature