



REGISTRATION

Child Number 1

Next School Grade: _____ Age: _____

Child's Name: _____

Address: _____

City: _____ Phone: _____

Allergies: _____

Parents Name(s): _____

Emergency Phone: _____

Child will be picked up by: _____



REGISTRATION

Child Number 2

Next School Grade: _____ Age: _____

Child's Name: _____

Address: _____

City: _____ Phone: _____

Allergies: _____

Parents Name(s): _____

Emergency Phone: _____

Child will be picked up by: _____



REGISTRATION

Child Number 3

Next School Grade: _____ Age: _____

Child's Name: _____

Address: _____

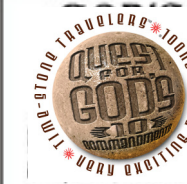
City: _____ Phone: _____

Allergies: _____

Parents Name(s): _____

Emergency Phone: _____

Child will be picked up by: _____



REGISTRATION

Child Number 4

Next School Grade: _____ Age: _____

Child's Name: _____

Address: _____

City: _____ Phone: _____

Allergies: _____

Parents Name(s): _____

Emergency Phone: _____

Child will be picked up by: _____