

Kid Zone Child Registration

Mr. Mrs. Miss Ms.

Date: _____

Parents' Full Names: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ Mom's Cell: _____ Dad's Cell: _____

Mom's Email: _____ Dad's Email: _____

May we text you in the event of an emergency? Yes ___ No ___

I give permission for my child(ren) to be photographed or videotaped for promotional and/or website use. Yes ___ No ___ Yes, but no Internet ___

1 Child's Name (Include Last Name)	2 M/F	3 Medical Conditions/Allergies	4 Birthday M/D/Y	5 Current Age	6 Grade 18/19	7 School/District	Office Use Only Group Assignment

Emergency Contact (we call parent first): _____ Relationship to child: _____

Home Phone: _____ Cell: _____

Additional comments which will help us care for your child:

OFFICE/REGISTRATION USE ONLY		Picture # _____	Today's Date: _____
<input type="checkbox"/> Postcard sent		Picture sent to: _____	_____
<input type="checkbox"/> Permanent name tags made		Date taken: _____	Registration Date: _____
Family Number _____		Taken by: _____	_____