



Registration Form

Child's Name: _____ DOB: _____

Parent/Guardian Name: _____

Street Address: _____

City, State & Zip: _____

Tel (H): _____ Tel (Cell): _____

Email: _____

Emergency contact name and number(s): _____

List any allergies or special needs: _____

Check which days you would like to attend: _____

Total amount enclosed: \$ _____ Check # _____ Date _____