

SECOND KIDS REGISTRATION

Parent Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Child's Name: _____

Birthdate: ___/___/___ Boy or Girl Grade: _____

Insect/Food Allergies: _____

Class # _____ 9:00 AM 10:30 AM

Child's Name: _____

Birthdate: ___/___/___ Boy or Girl Grade: _____

Insect/Food Allergies: _____

Class # _____ 9:00 AM 10:30 AM

Child's Name: _____

Birthdate: ___/___/___ Boy or Girl Grade: _____

Insect/Food Allergies: _____

Class # _____ 9:00 AM 10:30 AM

Child's Name: _____

Birthdate: ___/___/___ Boy or Girl Grade: _____

Insect/Food Allergies: _____

Class # _____ 9:00 AM 10:30 AM