



# kidstuff

## Registration Card

**Please check one:**

First Time Visitor  Out of Town Visitor  Repeat Visitor  **Enroll me!**

**Child #1**

Today's Date: \_\_\_/\_\_\_/\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy) \_\_\_ M / \_\_\_ F

Current Age: \_\_\_\_\_ School Grade (if applicable): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email : \_\_\_\_\_

Allergies/Health Concerns/Special Instructions: \_\_\_\_\_

◆ ..... ◆  
**Child #2**  **Same guardian information as above**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy) \_\_\_ M / \_\_\_ F

Current Age: \_\_\_\_\_ School Grade (if applicable): \_\_\_\_\_

Allergies/Health Concerns/Special Instructions: \_\_\_\_\_

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**Child #3**  **Same guardian information as above**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy) \_\_\_ M / \_\_\_ F

Current Age: \_\_\_\_\_ School Grade (if applicable): \_\_\_\_\_

Allergies/Health Concerns/Special Instructions: \_\_\_\_\_



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## Registration Card

**Please check one:**

First Time Visitor  Out of Town Visitor  Repeat Visitor  **Enroll me!**

**Child #1**

Today's Date: \_\_\_/\_\_\_/\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy) \_\_\_ M / \_\_\_ F

Current Age: \_\_\_\_\_ School Grade (if applicable): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email : \_\_\_\_\_

Allergies/Health Concerns/Special Instructions: \_\_\_\_\_

◆ ..... ◆  
**Child #2**  **Same guardian information as above**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy) \_\_\_ M / \_\_\_ F

Current Age: \_\_\_\_\_ School Grade (if applicable): \_\_\_\_\_

Allergies/Health Concerns/Special Instructions: \_\_\_\_\_

◆ ..... ◆  
**Child #3**  **Same guardian information as above**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy) \_\_\_ M / \_\_\_ F

Current Age: \_\_\_\_\_ School Grade (if applicable): \_\_\_\_\_

Allergies/Health Concerns/Special Instructions: \_\_\_\_\_