



Registration Form

(one per family)

Child #1 _____ Age _____
Child #2 _____ Age _____
Child #3 _____ Age _____
Child #4 _____ Age _____
Child #5 _____ Age _____

Email: _____

Mother's Name _____ Cell # _____

Father's Name _____ Cell # _____

Allergies _____

In case of emergency, contact _____

Phone: _____

Relationship to child: _____