



ARE YOU A FIRST-TIME VISITOR?
YES NO

REGISTRATION

Child #1:

NUMBER ASSIGNED:

Child's Name:

Date of Birth:

Age:

Grade:

School:

Child #2:

NUMBER ASSIGNED:

Child's Name:

Date of Birth:

Age:

Grade:

School:

Child #3:

NUMBER ASSIGNED:

Child's Name:

Date of Birth:

Age:

Grade:

School:

Parent(s):

Parent Name:

Address:

City/State/Zip

Communication:

Cell Phone:

Home Phone:

Can we text you?

Email :

