First Time Guest

Today's date: _____
MM/DD/YYYY

Parent/Guardian: _____ DOB: _____ Mobile Phone #: _____
Last Name First Name MM/DD/YYYY (At which we can reach you during programs.)

Email: _____ Mobile Carrier: _____

Address: _____ _____
Street City, State & Zip Code Mailing Address (if different):

Parent/Guardian: _____ DOB: _____ Mobile Phone #: _____
Last Name First Name MM/DD/YYYY (At which we can reach you during programs.)

Email: _____ Mobile Carrier: _____

Your relation to the child(ren): _____ Who is **UNAUTHORIZED** to pick up your child(ren)? _____

CHILD INFORMATION

1	2	3
Gender: ☐ M ☐ F Grade: _____	Gender: ☐ M ☐ F Grade: _____	Gender: ☐ M ☐ F Grade: _____
Name: _____	Name: _____	Name: _____
DOB: _____	DOB: _____	DOB: _____
☐ Allergies/Medical Condition Requiring Emergency Intervention/Special Needs/ Emotional Concerns*	☐ Allergies/Medical Condition Requiring Emergency Intervention/Special Needs/ Emotional Concerns*	☐ Allergies/Medical Condition Requiring Emergency Intervention/Special Needs/ Emotional Concerns*
Describe: _____	Describe: _____	Describe: _____

*If you checked the box above, you will be required to have a mobile phone on which we can reach you during the Children's Program.
** **Note:** Photography and/or video recordings, which could include your child(ren), may occur during the Children's Program.

CHILD INFORMATION

4	5	6
Gender: ☐ M ☐ F Grade: _____	Gender: ☐ M ☐ F Grade: _____	Gender: ☐ M ☐ F Grade: _____
Name: _____	Name: _____	Name: _____
DOB: _____	DOB: _____	DOB: _____
☐ Allergies/Medical Condition Requiring Emergency Intervention/Special Needs/ Emotional Concerns*	☐ Allergies/Medical Condition Requiring Emergency Intervention/Special Needs/ Emotional Concerns*	☐ Allergies/Medical Condition Requiring Emergency Intervention/Special Needs/ Emotional Concerns*
Describe: _____	Describe: _____	Describe: _____

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