

KIDLAND REGISTRATION

Date: _____

FAMILY INFORMATION

Father: _____
 First MI Last

Mother: _____
 First MI Last

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email Address: _____

Father's Cell: _____ Mother's Cell: _____

Children brought by: _____ Relationship: _____
(if not by parents)

CHILD 1

Name: _____
 First Middle Last

Birth date: _____ Age: _____ Gender: _____

Allergies/Dietary Restrictions: _____ Current Grade: _____

CHILD 2

Name: _____
 First Middle Last

Birth date: _____ Age: _____ Gender: _____

Allergies/Dietary Restrictions: _____ Current Grade: _____

CHILD 3

Name: _____
 First Middle Last

Birth date: _____ Age: _____ Gender: _____

Allergies/Dietary Restrictions: _____ Current Grade: _____

Official Use Only

Data Entered: _____ Class List updated: _____ Mailer: _____

Notes: _____