



REGISTRATION FORM

Child's Name _____

Parent/Guardian Name _____

Address _____

Mailing Address (if different) _____

Phone Numbers

Home _____

Work _____

Cell _____

Email _____

Age Information

Birth date _____

Last grade completed in school _____

Medical Information

Medical or other information we need to know. (Please include any food allergies.)

Emergency Contacts (Other than listed above)

Name _____ Phone Number _____

Name _____ Phone Number _____

Dismissal Information

Who may pick up your child at the end of each Backyard Kids Club®?

Other information

Do you attend church? If so, where?

May we have permission to photograph your child?

Yes No

May we have permission to use your child's photograph for the purpose of promotion?

Yes No