Child Activity Registration

Child Information

| Full Name |
|---|
| |
| Date of Birth |
| Gender |
| |
| Grade |
| Parent/Guardian Information |
| Full Name |
| Relationship to Child |
| Neialionship to Child |
| Phone Number |
| Email Address |
| |
| Home Address |
| Emergency Contact |
| Contact Name |
| Contact Name |
| Phone Number |
| |
| Medical & Allergy Information |
| Allergies, Medical Conditions, or Special Needs |
| |
| Activity Selection |
| Preferred Activity |
| T Tolonou / You'rig |