

Additional Child(ren)'s Information

First Name: _____ Last Name: _____
Birthdate: _____ Grade: _____ Gender: M F
Allergies: _____

First Name: _____ Last Name: _____
Birthdate: _____ Grade: _____ Gender: M F
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1

Parent/Guardian Information

First Time Guest Address Change Add a Family Member

Dad's First Name: _____ Last Name: _____

Cell #: _____

Mom's First Name: _____ Last Name: _____

Cell #: _____

Address: _____ City: _____

State: _____ Zip: _____ Home #: _____

Email Address: _____

Age Group: 18-30 31-40 41-50 51-up

Other Guardian's Information *(If child is not brought by parents)*

First Name: _____ Last Name: _____

Cell #: _____ Texting? Y or N

Address: _____ City: _____

State: _____ Zip: _____ Home #: _____

Relationship to child(ren): _____

2

Child(ren) Information

(List additional children on back)

First Name: _____ Last Name: _____

Birthdate: _____ Grade: _____ Gender: M F

Allergies: _____

First Name: _____ Last Name: _____

Birthdate: _____ Grade: _____ Gender: M F

Allergies: _____

First Name: _____ Last Name: _____

Birthdate: _____ Grade: _____ Gender: M F

Allergies: _____

3

Parent/Guardian Signature

Signature: _____ Date: _____

Office Use

8:30 10:00 11:00 5:00 7:00

N Aud Admin Four-Digit Security Code: _____

Greeter Name: _____

kidcity registration form

1

Parent/Guardian Information

First Time Guest Address Change Add a Family Member

Dad's First Name: _____ Last Name: _____

Cell #: _____

Mom's First Name: _____ Last Name: _____

Cell #: _____

Address: _____ City: _____

State: _____ Zip: _____ Home #: _____

Email Address: _____

Age Group: 18-30 31-40 41-50 51-up

Other Guardian's Information *(If child is not brought by parents)*

First Name: _____ Last Name: _____

Cell #: _____ Texting? Y or N

Address: _____ City: _____

State: _____ Zip: _____ Home #: _____

Relationship to child(ren): _____

2

Child(ren) Information

(List additional children on back)

First Name: _____ Last Name: _____

Birthdate: _____ Grade: _____ Gender: M F

Allergies: _____

First Name: _____ Last Name: _____

Birthdate: _____ Grade: _____ Gender: M F

Allergies: _____

First Name: _____ Last Name: _____

Birthdate: _____ Grade: _____ Gender: M F

Allergies: _____

3

Parent/Guardian Signature

Signature: _____ Date: _____

Office Use

8:30 10:00 11:00 5:00 7:00

N Aud Admin Four-Digit Security Code: _____

Greeter Name: _____