Additional Child(re	en)'s Information	Additional Child(ren)'s Information
	Last Name:	First Name:Last Name:
Birthdate:	Grade:Gender: □M □F	Birthdate:Grade:Gender: □M □F
Allergies:		Allergies:
	Last Name:	
Birthdate:	Grade:Gender: □M □F	Birthdate:Grade:Gender: □M □F
Allergies:		Allergies:
First Name:	Last Name:	
Birthdate:	Grade:Gender: □M □F	Birthdate:Grade:Gender: □M □F
Allergies:		Allergies:
First Name:	Last Name:	First Name:Last Name:
Birthdate:	Grade:Gender: □M □F	Birthdate:Grade:Gender: □M □F
Allergies:		Allergies:
First Name:	Last Name:	First Name:Last Name:
Birthdate:	Grade:Gender: □M □F	Birthdate:Grade:Gender: □M □F
Allergies:		Allergies:
First Name:	Last Name:	First Name:Last Name:
Birthdate:	Grade:Gender: □M □F	Birthdate:Grade:Gender: □M □F
Allergies:		Allergies:

kidcity registration form

Parent/Guardian Information
□First Time Guest □Address Change □ Add a Family Member

Dad's First Name:		Last Name:		
Cell #:				
Mom's Firs	t Name:	Last Name:		
		 City:		
State: Zip: Home #:				
Age Group	: 🗆 18-30 🔲 3	31-40 🗖 41-50 🗖 51-up		
Othor Gua	vdian's Infor	mation (If child is not brought by parents)		
		Last Name:		
		Texting? Y or N		
Ctato:		City: Home #:		
Relationsh	ip to child(rei	n):		
	` '	nformation		
(Lis	st additional c	hildren on back)		
First Name		Look Moore		
		Last Name:		
		Grade:Gender: □M □F		
Allergies: _				
First Name	•	Last Name:		
Rirthdate:	•	Grade: Gender: DM DF		
		GradeGender. GW G		
Allergies				
First Name	:	Last Name:		
Rirthdate:	-	Grade:Gender: 🖬M 🖫F		
		GradeGenden Zin Zin		
/mergies				
Darent/Guardian Signature				
Parent/Guardian Signature				
Sig	nature:	Date:		
Office Use Greeter Name:				
		□11:00 □5:00 □7:00		
■N Aud	■Admin	Four-Digit Security Code:		

kidcity registration form

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: _____

 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): **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: **Parent/Guardian Signature** Signature: Date: Office Use Greeter Name: ______

7:00

□5:00

Four-Digit Security Code:

□8:30

10:00

□N Aud □Admin

111:00