

# Kidz Connection

## Registration Form

Registration Date \_\_\_\_\_

Start Date \_\_\_\_\_

### Child Information

1 <sup>st</sup> Child					
Last Name		First Name		M.I.	Nickname
Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	School		

2 <sup>nd</sup> Child					
Last Name		First Name		M.I.	Nickname
Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	School		

### Primary Parent(s) Guardian Information - Authorized persons to pick-up

1st Primary Parent (s) Guardian					
Last Name		First Name		Work Phone	Social Security #
Address		City	State	Zip	Cell Phone

2nd Primary Parent (s) Guardian					
Last Name		First Name		Work Phone	Social Security #
Address		City	State	Zip	Cell Phone

### Authorized persons to pick-up not Parent or Guardian

Last Name		First Name		Cell Phone
Last Name		First Name		Cell Phone
Last Name		First Name		Cell Phone
Last Name		First Name		Cell Phone