CURIOUS KIDS
REGISTRATION FORM

Student Information

Student's Full Name _____ _____
First M.I. Last Nickname/Goes by

Student Address _____ City _____ State_____ Zip_____

Grade entering in the fall _____ Date of Birth_____ Age_____ Gender _____

Program Choices

Please check the classes your child plans to attend:

_____ Amazing Race (June 24-27)
_____ Island Getaway (July 15-18)
_____ Messy Art (July 22-25)
_____ Ooey Gooey Science (August 5-8)

Total number of classes attending: _____

General Information

1. _____ _____
Parent/Guardian First and Last Name Address (if different) City, State, Zip

_____ _____ _____ _____
Relationship to Student Home Phone # Work Phone # Cell Phone #

_____
Email Address

2. _____ _____
Parent/Guardian First and Last Name Address (if different) City, State, Zip

_____ _____ _____ _____
Relationship to Student Home Phone # Work Phone # Cell Phone #

_____
Email Address

Name of two persons to contact if parent(s)/guardian(s) cannot be reached:

1. _____ _____ _____
Name Home Phone # Cell Phone #

2. _____ _____ _____
Name Home Phone # Cell Phone #

Persons authorized to pick up your child _____

Persons NOT authorized to visit or pick up your child _____
(Appropriate legal paperwork must be attached if a parent is not allowed to visit/pick up the child.)

Please specify any allergies, medical conditions, or medications _____

Parent Signature _____

Date of Application _____

FOR OFFICE USE ONLY
Enrollment Fee: _____
Classes: Owe _____
Total: _____
Paid _____