



Registration Form For \_\_\_\_\_ (Class Name)

Child's Full Name: \_\_\_\_\_ Child DOB: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

How did you hear about us?

\_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Child's Physician: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Physician's Address:

\_\_\_\_\_

Additional Medical Information (Please list any known allergies, medical conditions, information or anything else you would like KidZone to know):

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Name of Child's Dentist: \_\_\_\_\_

Dentist Phone: \_\_\_\_\_

Dentist Address:

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Do we need to know any other information about your child?

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*By entering into this agreement to enroll your child(ren) into our program, you agree not to hold KidZone or any of its staff responsible for any injuries that may occur to your child(ren) during our program.*

Parent or Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return form to KidZone 467 Main St. Cairo, NY

or

Email your form to: [Sarit@kidzoney.com](mailto:Sarit@kidzoney.com)

For any Questions: 518-701-1517

Visit our website: [www.kidzoney.com](http://www.kidzoney.com)