



## Registration Form

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

### Adult who brought child/children:

Father  Mother  Grandparent  Aunt  Uncle  Friend

### Adult Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Keep me posted on Restoration Kids info:  Yes  No

### Children's Information (please fill out completely):

1. Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_  Boy  Girl

Allergies/Special Instructions: \_\_\_\_\_

2. Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_  Boy  Girl

Allergies/Special Instructions: \_\_\_\_\_

(additional spaces on reverse side, if needed)

3. Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_  Boy  Girl

Allergies/Special Instructions: \_\_\_\_\_

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4. Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_  Boy  Girl

Allergies/Special Instructions: \_\_\_\_\_

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5. Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_  Boy  Girl

Allergies/Special Instructions: \_\_\_\_\_

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6. Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_  Boy  Girl

Allergies/Special Instructions: \_\_\_\_\_

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7. Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_  Boy  Girl

Allergies/Special Instructions: \_\_\_\_\_

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