

Parent's "TIME OUT"

Registration Form

Child's Name _____ Age _____

Parent's Name _____

Phone Number _____

Emergency Contact & Number _____

Does your child have any known allergies? _____

Please list anything we should know about your child _____

Parent or Guardians Signature _____

Date _____

Cancellations must be done by Friday, February 11 for a refund.

For Office Use Only

Amount Paid _____ Date Paid _____ Form of Payment _____