



**FALL SESSION 2018**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

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

City \_\_\_\_\_ Zipcode \_\_\_\_\_

Allergies/Medical Concerns: \_\_\_\_\_  
\_\_\_\_\_

Name of Adult attending with the child:  
\_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_