Fall Registration Form

NAME_____ DOB_____

ADDRESS_____ ZIP_____

PHONE NUMBER #1_____

PHONE NUMBER #2_____

PARENT/ GUARDIAN NAME_____

PARENT/ GUARDIAN NAME_____

EMAIL _____

EMERGENCY CONTACT _____

DOES YOUR CHILD HAVE ANY ALLERGIES? _____

_____

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS? _____

COSTUME SIZES

DRESS

SHIRT

PANTS

HOW DID YOU HEAR ABOUT US?