

Registration Form

Registration fee must accompany this form. This fee is NON-REFUNDABLE.

Child's Information		
CLILL N		D' II D I
Child's Name:		Birth Date:
T-Shirt Size: □12m □2T □3T □4	4T □5/6 □Youth XS	□Youth S □Other:
Family Information		
Mother's Name:		
Address:		
Email:		
Cell Number:	Cell Phone	Provider*:
Father's Name:		
Address:		
Email:		
Cell Number: Cell Phone Provider*:		
*If you would like to receive occasional text message reminders, please provide your		
cell phone number and your carrier. The text message will come from our email address.		
Does the child live with both parents?	☐ Yes ☐ No	
If not, which parent has custody?		
Children in Family:		
Name:	Age:	Sex:
How Did You Hear About Us?		