

The Club at Town Center

Kids' Corner Registration

Last Name: _____

MEMBER #: _____

CHILD'S NAME: _____

PARENT'S NAME: _____

AGE: _____ DATE OF BIRTH: _____

PHONE (H): _____ (W): _____ (M): _____

ADDRESS: _____

ALLERGIES: _____

BROTHERS/SISTERS? AGES?: _____

Please list any information that we should know about your child. Likes, dislikes, fears, etc.

Office Use ONLY

Date Form Received: _____

Program Materials Given: _____

Staff Initials: _____

Program Policy Violations

Date: _____ Violation: _____ Staff: _____

Parent Notified: _____

Date: _____ Violation: _____ Staff: _____

Parent Notified: _____