

Date: \_\_\_\_\_



## Guest Registration

Names of Parents/Guardians: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

His cell: \_\_\_\_\_ Her Cell: \_\_\_\_\_ Home: \_\_\_\_\_

His email: \_\_\_\_\_ Her email: \_\_\_\_\_

Would you like to receive the Vintage Newsletter?  Yes  No

**Other Adults approved for child pick up:** \_\_\_\_\_

**1. Child's Name:** \_\_\_\_\_  Male  Female

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Allergies or Health Concerns: \_\_\_\_\_ Special Needs or IEP?  Yes  No

Foster Child?  Yes  No Any security concerns?  Yes  No

**2. Child's Name:** \_\_\_\_\_  Male  Female

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Allergies or Health Concerns: \_\_\_\_\_ Special Needs or IEP?  Yes  No

Foster Child?  Yes  No Any security concerns?  Yes  No

**3. Child's Name:** \_\_\_\_\_  Male  Female

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Allergies or Health Concerns: \_\_\_\_\_ Special Needs or IEP?  Yes  No

Foster Child?  Yes  No Any security concerns?  Yes  No