

**ACTIVE ZONE KIDS
REGISTRATION FORM**

Child's Information

Child's Full Name: _____

Birth Date: _____ Male/Female: _____

Nickname: _____

Parent/Guardian Information

Mother's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____ May I text the this cell phone? Yes () No ()

Email: _____

Employer: _____

Work Phone: _____

Father's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____ May I text the this cell phone? Yes () No ()

Email: _____

Employer: _____

Work Phone: _____

Other Household Members: (names, ages, relationships): _____

Adults authorized to pick up my child AND Emergency Contacts

1st Contact:

Name: _____ Relationship: _____

Home Ph: _____ Cell Ph: _____ Work Ph: _____

2nd Contact:

Name: _____ Relationship: _____

Home Ph: _____ Cell Ph: _____ Work Ph: _____

3rd Contact:

Name: _____ Relationship: _____

Home Ph: _____ Cell Ph: _____ Work Ph: _____

Signature of Agreement

I have read Active Zone Kids' policies and financial agreement. I understand the contents and agree to abide by them.

Parent name (printed) _____

Parent signature _____ Date _____