

kidSPACE Clubs

2011 kidSPACE Clubs edition- Child Registration Card

_____	_____	M F
Child's Name (First and Last)	Date of Birth(MM/DD/BY)	Sex
_____	_____	
Current Grade of Child	Siblings also Attending	

Parent's/Guardian's Name		
() _____		
Phone # where you can be reached during Clubs		

Address		

City, ST ZIP Code		

Email (for updates and cancellation notifications only)		

Alternative Emergency Contacts

_____	_____	_____
Primary Emergency Contact	Health Care Contact	
() _____	() _____	_____
Home Phone	Work Phone	Phone Number

Other Information

Yes	No	
Has the child attended events at Millersville in the past?		
_____	_____	_____
Does the child attend church?	If so, where?	
_____	_____	
How did you hear about our program?		

Allergies or other information we should know about your child		