

CrossKids Registration Card

Today's Date ___ / ___ / ___

Parent/Guardian Name: _____

Phone Number: _____

Email: _____

Parent/Guardian Name: _____

Phone Number _____

Email: _____

Address _____

City _____ State _____ Zip _____

Child's Name: _____ Date of Birth ___ / ___ / ___ Class _____

Allergy/Special Needs _____

Child's Name: _____ Date of Birth ___ / ___ / ___ Class _____

Allergy/Special Needs _____

Child's Name: _____ Date of Birth ___ / ___ / ___ Class _____

Allergy/Special Needs _____

Child's Name: _____ Date of Birth ___ / ___ / ___ Class _____

Allergy/Special Needs _____