

# Register me for Zoomerang!

Child's name \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Birthdate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Grade completed \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Primary Phone \_\_\_\_\_

Emergency contact \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Who can pick up your child? \_\_\_\_\_

Food allergies Y \_\_\_\_\_ N \_\_\_\_\_ List \_\_\_\_\_

Medical concerns Y \_\_\_\_\_ N \_\_\_\_\_ Explain \_\_\_\_\_