

Date membership was paid: \_\_\_\_\_



KidzPass #: \_\_\_\_\_

**How did you hear about us? (circle one)**

Metro Family Magazine      OKC Kid's Directory      Edmond Children's Directory  
 Mother & Child Reunion      OKC Yellow Pages      Feist      Word of Mouth      Other  
 If referred, by whom? \_\_\_\_\_

**Registration Form**

<b>Parent/Guardian Information</b>	Primary Parent/Guardian:			Alternative Parent/Guardian:		
	Name:			Name:		
	Relationship:			Relationship:		
	Hm #	Mb #		Hm #:	Mb #	
	Wk #	Pg #		Wk #	Pg #	
	Address:			Address:		
	City:	State:	Zip:	City:	State:	Zip:
	E-mail:			E-mail:		
	Employer:			Employer:		
	<b>Authorized Pick-up</b>	Full Name:			Full Name:	
Hm #			Hm #			
Relationship:			Relationship:			
Full Name:			Full Name:			
Hm #			Hm #			
Relationship:			Relationship:			
<b>Child(ren) Emergency Info</b>	Doctor's Name:			Ph #		
	Address:					
	Dentist's Name:			Ph #		
	Address:					
	Preferred hospital in case of emergency?					

Child Information	1st Child		2nd Child		3rd Child	
	Child Name:					
	Birth Date:					
	Sex: (circle)	Male      Female	Male      Female	Male      Female	Male      Female	Male      Female
	Toilet Training: (circle)	Diapers   Training   Trained	Diapers   Training   Trained	Diapers   Training   Trained	Diapers   Training   Trained	Diapers   Training   Trained
	Food/Medical Allergies: If so, please list:	Yes      No	Yes      No	Yes      No	Yes      No	Yes      No
	Other Allergies: If so, please list:	Yes      No	Yes      No	Yes      No	Yes      No	Yes      No
	Other Health Conditions? If so, please list:	Yes      No	Yes      No	Yes      No	Yes      No	Yes      No
	Born Premature?	Yes      No	Yes      No	Yes      No	Yes      No	Yes      No
	Behavior/Emotion Problems? If so, please list:	Yes      No	Yes      No	Yes      No	Yes      No	Yes      No
Take a Nap?	Yes      No	Yes      No	Yes      No	Yes      No	Yes      No	
Special Routines? If so, please list:	Yes      No	Yes      No	Yes      No	Yes      No	Yes      No	
I give my child(ren) permission to participate in the following activities:						
Video Games	Yes      No	Yes      No	Yes      No	Yes      No	Yes      No	Yes      No
Indoor play structure	Yes      No	Yes      No	Yes      No	Yes      No	Yes      No	Yes      No
Crafts	Yes      No	Yes      No	Yes      No	Yes      No	Yes      No	Yes      No
Dress up	Yes      No	Yes      No	Yes      No	Yes      No	Yes      No	Yes      No
Sand & water table	Yes      No	Yes      No	Yes      No	Yes      No	Yes      No	Yes      No
Movies	Yes      No	Yes      No	Yes      No	Yes      No	Yes      No	Yes      No

**My child(ren)'s immunization records are attached. I attest that they are current or are in progress. I attest that to the best of my knowledge all information included in this registration form is true and correct.**

\_\_\_\_\_  
Full Name (Please print)

\_\_\_\_\_  
Relationship to Child(ren)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child(ren)'s enrollment date

\_\_\_\_\_  
Child(ren)'s withdrawal date