

Registration Form

Please fill in the form and return it to Bridgett by email: info@creatingwonder.net

Child's Name

Last: _____ First: _____

Legal Guardian

Last: _____ First: _____

Mailing Address

Street: _____ State: _____ Zip: _____

Phone Numbers

Cell: _____ Home: _____ Work: _____

Other Parent or Guardian

Last: _____ First: _____

Address (if different from above)

Street: _____ State: _____ Zip: _____

Phone Numbers

Cell: _____ Home: _____ Work: _____

Health

Immunizations current: Yes No

Allergies or other health concerns Creative Wonder needs to be aware of:

Any other information which you would like to share about your child:

Emergency Contact (Other than those listed above):

Name: _____ Contact: _____

Any other person who you would like to authorize to pick up your child:

Name: _____ Contact: _____

This person will be asked for ID the first time they pick up your child.

Desired Days:

Monday

Tuesday

Wednesday

Thursday

Signature

By checking this box I certify that all the above information is true

If filling this in by hand, please sign below to certify that all the above information is true

Signature _____