KIDS NIGHT OUT – REGISTRATION & BLANKET WAIVER

			, ,	Alloweiga/Conditions
1 Student's Name	Sex	Age	//	Allergies/Conditions:
		3		
2 Student's Name	Sex	Age	//	Allergies/Conditions:
3 Student's Name	Sex	Age	//	Allergies/Conditions:
				Phone:e
treet				
Medical Insurance Co:			Policy N	umber: Cell Phone:
Aom's Name:		Work Ph	none:	Cell Phone:
oad's Name:		_Work Pl	hone:	Cell Phone:
low did you hear about KID	S CO-OP Dev	elopmenta	al Center?	
				our premises, are we free to use this photo for
dvertising purposes (brochu	/	, ,		
mergency Contact Name (o	ther than pare	nt):		Phone Number:
	_			
REQUEST TO B	E IN GROUP V	WITH AN	OTHER CHILI)
Family Rate up	25.00 - to 3 Child	Non-l	Member \$3 - Member	Prices 0.00 - 2 nd child 10% Discount \$55.00 - Non-Member \$65.00 child \$10 family up to 3 children
Family Rate up	25.00 - to 3 Child	Non-l	Member \$3 - Member	0.00 - 2 nd child 10% Discount \$55.00 - Non-Member \$65.00
Family Rate up	25.00 - to 3 Child Hour (when	Non-Iren -	Member \$3 - Member e) - \$5.00 per	\$55.00 - 2 nd child 10% Discount \$55.00 - Non-Member \$65.00 child \$10 family up to 3 children
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Family Rate up Additional	25.00 - to 3 Child Hour (when	Non-lren -availabl Pay	Member \$3 - Member e) - \$5.00 per	\$55.00 - 2 nd child 10% Discount \$55.00 - Non-Member \$65.00 child \$10 family up to 3 children
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Date

Parent or Legal Guardian's Signature