

Today's Pate _____

San		
Child's Full !	Name	
Child's Birthdate		Allergies
Sibling		Birthdate
Sibling		Birthdate
Sibling		
Parent Nam	ne(s)	
Caregiver(s)	Name (if applicable)	
Street Address		
		/ III
City		(work)
State Zip		(other)
		2.0
Po we have permis	sion to keep you updated by email?	** E3 N4
Register fo	or Class!	
Age:	Pay:	Time:
	Please ma	ke checks payable to: sic for Children

Thank You!