



Program Registration

Parent(s)/Caregiver: _____

Child: _____ Nickname: _____ Sex: M F

Child's date of birth: _____

Address: _____

Home phone number: _____ Work phone number: _____

Cell phone number: _____ Email address: _____

Special information about your child: _____

Program name: _____

Day/time: _____

Payment

- Full payment is due with registration prior to first class
- Make checks payable to Island Playground

Office Use Only

Date received: _____

Received by (initial): _____

Check # _____