



KidZone Registration

Please complete 1 full card for the first child. For subsequent children, complete the top portion only.

Date _____
Mm/dd/yr First Name Last Name Birthday mm/dd/yr

_____ _____
School Grade

Allergies to foods/environmental elements

Medical/Special Need

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_____ _____

Parent/Guardian First/Last Name Parent/Guardian First/Last Name

_____ _____ _____ _____

Address City St Zip

_____ _____ _____

Home Phone Cell Phone Email

Return your completed cards to the KidZone Check-in Desk.

Pictures may be taken during KidZone activities and events and may be used in Sonrise promotional materials.