

KSC Children's Program Registration

(One form per child)

Child's name _____ Age _____

Child's preferred name _____ Birthdate _____ M ___ F ___

Does the child attend school? Where? Grade? _____

Parents' or guardians names _____

Address _____

E-mail address (one or both parents) _____

Home phone _____ Cell Phone _____ Which do you prefer? _____

Allergies? _____

Any snacks your child will not eat? _____

Medications? _____

Does your child have any special needs or are there particular challenges?

Is there anything in particular you are working on with your child that you'd like us to support you with?

Parent signature _____

Return to KSC, 109 Clear Creek Dr, Suite 109, Ashland 97520.