

# Kidz N Movement Registration Form

Child's First Name \_\_\_\_\_ Last name \_\_\_\_\_

Gender: Male [ ] Female [ ]      DOB \_\_\_\_\_

Child Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Race: American Indian [ ] Black/African American [ ] White [ ]  
White [ ] Other [ ]

Child's Ethnicity: Hispanic/Lation [ ]      Non Hispanic/Non-Latino [ ]

Child's First Language \_\_\_\_\_

Please write any siblings names below that is attending the camp/aftercare

\_\_\_\_\_

\_\_\_\_\_

## Parent Contact Information

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Work Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Authorized for Childs pickup or early release Name and Contact Number

1st \_\_\_\_\_ 2nd \_\_\_\_\_

3rd \_\_\_\_\_ 4th \_\_\_\_\_