

PHCC Kids' Registration Sheet

Parent Info:

First and Last Name: _____

D.O.B. (mm/dd/yyyy): _____ Marital Status: _____

Home number: _____ Cell number: _____

Address: _____

Email address: _____

I heard about Point Harbor from: (please check one)

A Friend A Relative Website Drive By Mail Social Media

Other: _____ Invited By: _____

Child Info:

1. Name: _____ D.O.B. _____

Gender: M / F (circle one) Allergies: _____

Grade _____ Medical Conditions: _____

2. Name: _____ D.O.B. _____

Gender: M / F (circle one) Allergies: _____

Grade _____ Medical Conditions: _____

3. Name: _____ D.O.B. _____

Gender: M / F (circle one) Allergies: _____

Grade _____ Medical Conditions: _____

4. Name: _____ D.O.B. _____

Gender: M / F (circle one) Allergies: _____

Grade _____ Medical Conditions: _____

Please list additional children on the back of this form