



Children's Registration

Child's Name _____

Age _____ Birthdate _____ Grade _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Person child lives with: _____

Please list any allergies _____

Will other siblings attend DC4K? Please list their names

A separate registration must be completed on each child.

If you plan on bringing children to our child care (for children under 5 years of age), please list their names and ages below:

Child's Name _____ Age _____

Child's Name _____ Age _____

Registration Fee \$ _____ covers all 13 weeks

Registering Parent's Signature _____

Emergency Contact # _____

Date _____