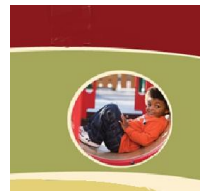


Kreative Kidz Zone Program Inc.

204 Second St
Albany, N.Y. 12210

518-449-1521

www.KidZoneAlbany.com



Summer Program Registration

Please list child's information:

Childs full name: _____ Nick name _____

Birth Date _____ Start Date _____ Grade Completed _____

Names of siblings & Birth Dates

Parents or Guardians

1. First Name _____ Last Name _____

Relationship to child _____

Address _____

Home Phone _____ Work Phone _____

Occupation _____ Drivers License # _____ DOB _____

e-mail. _____

2. First Name _____ Last Name _____

Relationship to child _____

Address _____

Home Phone _____ Work Phone _____

Occupation _____ Drivers License # _____ DOB _____

e-mail. _____

Other Emergency Contact:

1. Name: _____ Relationship to child _____

Phone #1 _____ Phone #2 _____

2. Name: _____ Relationship to child _____

Phone #1 _____ Phone #2 _____

Pick up List

List the full name of any person who you wish to authorize to pick up your child in the event that you are unable to. Please note that we cannot release children to persons under the age of sixteen and that we require photo ID at time of pick-up.

Name _____ Contact # _____

Name _____ Contact # _____

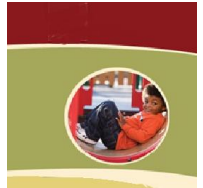
Name _____ Contact # _____

Kreative Kidz Zone Program Inc.

204 Second St
Albany, N.Y. 12210

518-449-1521

www.KidZoneAlbany.com



How did you hear about Kreative Kidz Zone?_____

Has your child attended any other program?_____

Reason for leaving?_____

Are you currently on any waiting lists for another program?_____

Many of our activities involve moderately tiring physical activity, like swimming, walking and hiking. If your child has any medical conditions that may affect his or her ability to participate, please explain them here

Please tell us a little bit about your child, so that we can be sure to best serve their needs.
(Personality, interest, hobbies)

Please list your child's favorite:

Movies_____T.V.Shows_____

Activities_____Books_____

Other Interests or hobbies_____

Please describe your child's appetite

Any special Diet _____

Any food Allergies _____

Any specific foods that your child is not allowed to eat?

Does your child speak English?_____ Any other language_____

Any Fears_____

Please provide us with any additional information that you feel may be helpful in understanding and caring for your child.

Parent signature_____Date_____