

Kellys Kids Farm Play Group Registration

Child's Name: _____

Parent's Name: _____

Address: _____

City/State/Zip: _____

Birthday: _____

Email: _____

Cell Phone: _____

Emergency Contact
Name and Number: _____

Please Check off each date you'd like to attend

- May 24th
- May 31st
- June 7th
- June 14th
- June 21st
- June 28th
- July 12th
- July 19th
- July 26th
- August 2nd
- August 9th
- August 16th
- August 23rd

Any allergies: _____

Is there anything else I should know to help support your child:

Do we have permission to take/publish images of your child and his/her first name either online (on our social media page) or printed media (newspaper articles or printed flyers) advertising the program? Yes or No

Parent's Signature: _____ Date: _____