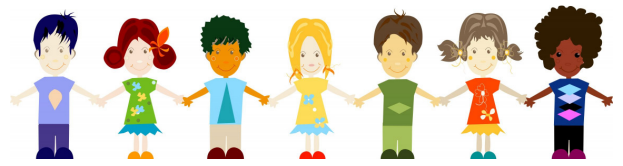


The Kids Zone



13815 Spelling Ct

Reno, Nevada 89521

775-852-3522

KIDS ZONE ENROLLMENT REQUEST

Child's Name: _____ Grade: _____ Sex: _____

Address: _____ DOB: ___/___/___ Age: _____

Father's Name: _____ Work: ___-___-___ Cell ___-___-___

Address (if different from child's home address): _____

Primary e-mail: _____ Home Phone: ___/___/___

Mother's Name: _____ Work: ___-___-___ Cell ___-___-___

Address (if different from child's home address): _____

Primary e-mail: _____ Home Phone: ___/___/___

EMERGENCY CONTACTS:

Persons who may be contacted in an emergency and we are authorized to release your child to. Please list in order to be called. **A PICTURE I.D. IS REQUIRED.**

1. Name: _____ Relationship: _____

Phone: _____ Cell: _____

2. Name: _____ Relationship: _____

Phone: _____ Cell: _____

3. Name: _____ Relationship: _____

Phone: _____ Cell: _____

4. Name: _____ Relationship: _____

Phone: _____ Cell: _____

Hospital: _____