



**PLEASE BRING THIS PRINTED FORM ON YOUR 1ST VISIT TO CF KIDS.  
YOUR CHILD WILL RECEIVE A SPECIAL VIP STICKER!**

Campus \_\_\_\_\_

Adult's Full Name \_\_\_\_\_

Adult's Date of Birth \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_ Marital Status \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Opt out of receiving an email with details about what's happening in CF Kids?  Yes

Does your child require any special accommodations?  No  Yes If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Child 1:**

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender  M  F

**Child 2:**

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender  M  F

**Child 3:**

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender  M  F