

Summer Playground Registration Form
Please Complete and Return to Playground

Last Name: _____

Children's First Names:

1.) _____	Age: _____	Allergies: _____
2.) _____	Age: _____	Allergies: _____
3.) _____	Age: _____	Allergies: _____
4.) _____	Age: _____	Allergies: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone Number: _____

Parent/ Guardian Signature: _____

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Children's First Names:

5.) _____	Age: _____	Allergies: _____
6.) _____	Age: _____	Allergies: _____
7.) _____	Age: _____	Allergies: _____
8.) _____	Age: _____	Allergies: _____

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