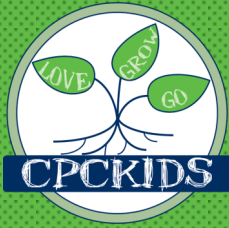


WELCOME TO



Today's Date: _____
 Childs Name: _____ M F
 Childs Birthday: _____ Grade: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Cell Phone _____
 Parents name (s): _____
 Parents Email: _____

Siblings Name	Birthday	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child have any allergies or medical conditions that we should know about?

Special Instructions?

Assigned to:
 CPCKids Sprouts (Room 105)
 CPCKids JR (Room 104)
 CPCKids (Room 206)

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WELCOME TO



Today's Date: _____
 Childs Name: _____ M F
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Siblings Name	Birthday	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

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