

TY KIDS
REGISTRATION FORM
SEPTEMBER, 2010

NAME: _____

NICKNAME (IF ANY): _____

ADDRESS: _____

DATE OF BIRTH: _____

CURRENT SCHOOL GRADE: _____

CURRENT SCHOOL: _____

FOOD ALLERGIES (IF ANY): _____

Parents names: _____

TY KIDS
REGISTRATION FORM
SEPTEMBER, 2010

Parents address if different: _____

Phone numbers: _____

E-mail addresses for parents: _____

COMMENTS OR NOTES: _____
