

# 1<sup>st</sup> Time Guest Information



## PARENT INFO

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

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Do you want your info put in our system? Yes / No  
(This will allow you to check-in electronically next time.)

Do you want to subscribe to our monthly email? Yes / No

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## 1<sup>st</sup> CHILD

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Male / Female \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_

Grade (Currently enrolled or just finished) N/A K 1 2 3 4 5 \_\_\_\_\_

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## 2<sup>nd</sup> CHILD

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Male / Female \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_

Grade (Currently enrolled or just finished) N/A K 1 2 3 4 5 \_\_\_\_\_

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## 3<sup>rd</sup> CHILD

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Male / Female \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_

Grade (Currently enrolled or just finished) N/A K 1 2 3 4 5 \_\_\_\_\_

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## 4<sup>th</sup> CHILD

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Male / Female \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_

Grade (Currently enrolled or just finished) N/A K 1 2 3 4 5 \_\_\_\_\_

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