



First Time Guest - Welcome to Cedarbrook
 Regular Attender/Member
 Guest Child (a neighbor, cousin, friend etc)

Dad Stepdad Name (Last) _____ (First) _____ DOB _____

Mom Stepmom Name (Last) _____ (First) _____ DOB _____
 OR "Guardian" if you are responsible for the child, but not the child's parent

Guardian Name (Last) _____ (First) _____ DOB _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Mom's Cell _____ Dad's Cell _____

Email _____ Mom's _____ Dad's _____ Home _____

Child's Name & Nickname Needs(mm/dd/yyyy)	DOB	Gender (M/F)	Age	Grade	Allergies/Special
1. _____	__/__/__	__	__	__	_____
2. _____	__/__/__	__	__	__	_____
3. _____	__/__/__	__	__	__	_____
4. _____	__/__/__	__	__	__	_____

Other adult authorized to pick up your child (if others please write on back)

1. Name _____ Cell _____

The CBKIDS team takes pictures, video, and audio for use in services and on the website. Please sign here if we have permission to use images of you and your family.

Name _____ Date _____

FOR STAFF USE ONLY:	
REG _____	(signature) _____ (Date)
FI _____	(signature)
Service time _____	