

# REGISTRATION

## Step 1 Parent/Guardian Information

Mom/Dad/Other- \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

Email: \_\_\_\_\_

Mobile Phone:(    ) \_\_\_\_\_ Phone Carrier: \_\_\_\_\_



2600 ROY RICHARD DR - SCHERTZ  
210-658-6240



## Step 2 Address Information (Primary Residence of Child)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Step 3 Children's Information

**First Name:** \_\_\_\_\_ **Grade:** K 1 2 3 4 5 6 **Last Name:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Grade:** K 1 2 3 4 5 6 **Last Name:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Grade:** K 1 2 3 4 5 6 **Last Name:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Grade:** K 1 2 3 4 5 6 **Last Name:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_

How did you hear about the party?

- Social Media     Website     School Assembly     Email  
 Newsletter     Flier     Friend     Other: \_\_\_\_\_

**Check-in Team: Items highlighted will be entered ASAP. All other information will be entered later.**