

Friday Fun Days! Arts & Activities

Registration Form 2023-2024

Child's Name		
Birth Date	Age	_ Gender
Address		
City	Zip	_
Cell Phone		
Email address		
Emergency Contacts	i	
1. Name		
Cell Phone		Home Phone
2. Name		
Relationship		_
Cell Phone		Home Phone
Food Allergies (if any):	
Please note: COHS s	taff may not admir	nister medication to children.
I understand A when school is in sess		ONLY being offered on Friday afternoons
I understand I non these days.	nust provide a pac	ked lunch for my child to eat at school
PARENT/GUARDIAN S	IGNATURE	
Date		

