

preRegistration

Please complete this form to its fullest extent and bring it with you when registering at any Flipside kids service or event.

Parents Information

Father's Name _____
First Last

Father's Cell _____ Phone Carrier (ex. AT&T) _____

May we send a text message to this phone in case we need to reach you during a service? yes no

Mother's Name _____
First Last

Mother's Cell _____ Phone Carrier (ex. AT&T) _____

May we send a text message to this phone in case we need to reach you during a service? yes no

Address _____

City _____ State _____ Zip _____

Primary Email _____

Child's Information

Child's Name _____
First Last

Birth Date _____ Gender Male Female Grade _____

Allergies/Comments _____

Are there any siblings registered? yes no

Sibling's Name _____
First Last

Sibling's Name _____
First Last

Sibling's Name _____
First Last

Is the child visiting with someone other than his/her parents? yes no (if yes, please complete below)

Name _____
First Last

Cell _____ Phone Carrier (ex. AT&T) _____

May we send a text message to this phone in case we need to reach you during a service? yes no