KIDSPACE ACADEMY

SOARING THROUGH LEARNING

PRE-REGISTRATION

Childs Name: _____ Male____ Female____

Birthday:_____ Current Age:_____

Desired Start Date: _____

Parent/Guardian Information:

Name:_____ Phone #:_____

EMAIl:_____

Parent/Guardian Information:

Name:_____ Phone #:_____

EMAIl:_____

STAFF NOTES: