



Participant Registration Form

Thank you for your interest in Kaleidoscope Play & Learn! Please help us learn a little more about you and your interests. You are not required to complete this form or to provide any information which you do not want to share, but this information will help us know a bit more about you. We will not share this information with anyone.

Your Name: _____

Your Address: _____

Phone Number: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Child's name (first name is okay)	Child's age	Child's Birthdate	Your relationship to the child

Any allergies we should be aware of?