



Registration form

Mail it:

Registration forms should be mailed to:
1008 South Ave W., Westfield NJ 07090

Family Information

Name of Primary Member (Parent or Legal Guardian) _____
Address _____ City _____ Zip _____
Phone _____ Work Phone _____ Cell _____
Email _____

Please register all parents, caregivers and children:

Adults:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Children:

- 1. _____ DOB __/__/__ Sex: M/F
- 2. _____ DOB __/__/__ Sex: M/F
- 3. _____ DOB __/__/__ Sex: M/F
- 4. _____ DOB __/__/__ Sex: M/F

Class/Camp	Day	Time	Age	Participant	Price
1					
2					
3					
4					
5					
6					

Payment Information

Check #: _____ Date: _____

Credit Card #: _____

___ MC ___ Visa Exp: ____/____

Name on Card: _____

Total Due (Add \$25 registration fee if this is your first class)

By registering for programs at Creative Kids I agree to follow all policies and procedures of the facility. I enroll understanding the risks and benefits of physical activity and state that all family members participating are in condition to play. I agree to provide health and safety issues regarding all family members so that Creative Kids staff can best care for myself and my children in the event of any emergency. Non-compliance with Creative Kids policies and procedures may result in termination of membership. Creative Kids has the right to update policies at any time. Please see www.creativekidsnj.com for current information.

Signature _____

Date _____