

Date: _____

North Point Kids!
Child and Family Information

Parent/Guardian _____ Phone _____

Address: _____ City _____ Zip _____

Child 1: _____ Age/Grade _____ Birthdate _____

Child 2: _____ Age/Grade _____ Birthdate _____

Child 3: _____ Age/Grade _____ Birthdate _____

Child 4: _____ Age/Grade _____ Birthdate _____

Any food or other allergy or any medical condition we need to be aware of?
If so please indicate: _____

Email: _____

(having your email is the best way for me to keep you informed of current news and events. Thank you!)