



250 Edgewood Ave. Rochester, NY 14618  
(585) 244-9200

Registration for:

\_\_\_ 9:30 Kids Jam  
\_\_\_ 11:15 Kids Jam

1. Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

1A. Is your child allergic to:

Food \_\_\_\_\_  
Bee Sting \_\_\_\_\_

Pollen \_\_\_\_\_  
Penicillin \_\_\_\_\_

Other \_\_\_\_\_  
Other Drugs \_\_\_\_\_

1B. Does your child have any special needs that you would like us to know about?  
\_\_\_\_\_

2. Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

2A. Is your child allergic to:

Food \_\_\_\_\_  
Bee Sting \_\_\_\_\_

Pollen \_\_\_\_\_  
Penicillin \_\_\_\_\_

Other \_\_\_\_\_  
Other Drugs \_\_\_\_\_

2B. Does your child have any special needs that you would like us to know about?  
\_\_\_\_\_

3. Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

3A. Is your child allergic to:

Food \_\_\_\_\_  
Bee Sting \_\_\_\_\_

Pollen \_\_\_\_\_  
Penicillin \_\_\_\_\_

Other \_\_\_\_\_  
Other Drugs \_\_\_\_\_

3B. Does your child have any special needs that you would like us to know about?  
\_\_\_\_\_

4. Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

4A. Is your child allergic to:

Food \_\_\_\_\_  
Bee Sting \_\_\_\_\_

Pollen \_\_\_\_\_  
Penicillin \_\_\_\_\_

Other \_\_\_\_\_  
Other Drugs \_\_\_\_\_

4B. Does your child have any special needs that you would like us to know about?  
\_\_\_\_\_

Parents'/Guardians' Names: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_