Fit for Life Kids Corner

1400 Cannon Circle, Suite 6, Faribault, MN 55021 (507) 333-5430

Enrollment Form

Please fill one Enrollment Form for each child. Ensure that this form is filled out in full. Use "n/a" for information that is not applicable to your situation.

1. Child

_____ _____ _____ _____

Legal Name **Name Used** **Birthdate** **Gender**

2. Names of Parents or Guardian

Parent 1 / Guardian

_____

Name

_____ _____ _____ _____

Home Address **City** **State** **Zipcode**

_____ _____ _____

Home Phone # **Work Phone #** **Cell Phone#**

Parent 2 / Guardian

_____

Name

_____ _____ _____ _____

Home Address **City** **State** **Zipcode**

_____ _____ _____

Home Phone # **Work Phone #** **Cell Phone #**

Does your child have any special needs/medical conditions? Yes/No If yes, please explain

_____

Potty Trained Yes / No

Does your child have any allergies? Yes / No If yes, please explain

_____

Are there any foods you do not wish your child to have? If so, please list

_____

I have read the policies, rules and regulations of Fit for Life Kids Corner and agree to abide by them.

_____ _____

Signature of Parent **Date**

_____ _____

Signature of Kids Corner Supervisor **Date**