Young Travelers Registration Form

Child's Name: Age Group: Chicker and child Pre-K & Kindergarten 1º 8 2º Grade 3º 8 4º Grade 5º 8 6 Senteng this fail) Does your child have any specific medical issues, allergies, special needs, or other concerns? If the following information is the same as another child, you can check below, name the student, and skip the rest of the form. You should only have to fill out the Family Information portion once. Family Information is the same as			
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Name: Phone:	nable to reach you, please list a second cor	erson and their phone numb	er.
		Phone:	
In the event you are unable to pick up your student with the Parent Card, who is authorized to pick up your child?			

When picking up your child each night, please bring your Parent Card and meet your child in the auditorium at 8:30 p.m. Any adult wishing to pick up a child without a Parent Card will have their ID checked against this registration form.