

SMILE REGISTRATION FORM

Child's Name _____ Birthday _____

Parent's Name _____

Address _____

Phone _____ Age as of September 30 _____

Does your child have any allergies or restrictions?

Does your child need any assistance with routine bathroom procedures?

Any general information to know your child better?

Please indicate if your child is in kindergarten? _____

Age cut-off for each class is September 30.

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