

Registration Form for Kudzu Kidz

Date _____

Name _____

Name called _____

Address _____

City _____ State _____ Zip _____

Age _____ Date Of Birth _____

Grade _____

Sex M ___ F ___ School _____

Home phone _____

Class you are enrolling in _____

Method of Payment:

Deposit paid on _____ Total Paid _____

Balance Due _____ (first day of class)

Credit card number _____ Exp. Date _____ (visa-mc-amex)

Name on card _____

Check number _____ Cash _____

Mother's name _____ Employer _____

Home phone _____ Work phone _____

Beeper # _____ Cellular # _____

Fax # _____ E-mail address _____

Father's name _____ Employer _____

Home phone _____ Work phone _____

Beeper # _____ Cellular # _____

Fax # _____ E-mail address _____

Special Medical Information _____

Emergency contact (if parents can't be reached)

Relationship _____ Phone # _____

I give my permission for my child to participate in all of the activities of the Kudzu Kidz classes. The Kudzu staff will be as cautious with your children as they are with their own. However, they cannot be held legally responsible for accidental injury or property damage occurring during class. Similarly Kudzu Playhouse and their employees assume no such legal responsibility.

Signature of parent or guardian
