

J EDI REGISTRATION FORM

FULL NAME JEDI _____

BIRTHDAY & AGE _____

HOME ADDRESS _____

PARENT/GUARDIAN NAME (S) & PHONE #(S)

THESE PERSONS CAN PICK UP MY CHILD:

1. NAME & PHONE # _____

2. NAME & PHONE # _____

ALLERGIES/HEALTH CONCERNS _____

Cross out those of which your Child CAN NOT Have, Use or Participate in:

Photographs/Media Posts/Hot Chocolate/Tea/Honey/Marshmallows/Cookies/petting farm animals/hammer/handsaw/sewing needle/screwdrivers