

Student Information

Name _____	_____	_____	_____
	First	Middle	Last
Address _____			
Home Phone _____		Cell _____	
School _____		Email _____	
Grade completed _____		Date of Birth _____	

Medical Information

Doctor's Name _____	Phone _____
Any known allergies _____	

Parent Information

Mother _____	Email _____
H/W Phone _____	Cell _____
Father _____	Email _____
H/W Phone _____	Cell _____
Best method to contact _____	

Program Registered

Grade: _____	Session: _____
Amount Paid: _____	Check Number: _____

TFF reserves the right to cancel a program based on enrollment. A full tuition refund will be made if the program is cancelled.

I give permission to ThinkForFun to take photographs of my child for honor roll/contests and other internal encouragement activities. YES NO

Signature _____

Date _____