

Child's Name: Home Address: Email:		Birth Date: Age: Gender:	
Please choose the day or days y	our child will be attending;		
April 23 (Tuesday)April 24 (Wednesday)April 25 (Thursday)April 26 (Friday)	4 Days - CI\$240.00 per child (9AM-4PI 1 Day - CI\$60.00 per child (9AM-4PM) 1/2 Day with Lunch - CI\$30.00 per chil 1/2 Day without Lunch - CI\$25.00 per	ld (9AM-1PM or 12PM-4F	
Father's Name: Work Phone: Mobile Phone:			
Mother's Name: Work Phone: Mobile Phone:			
Other persons responsible for	the child in case of emergency; If pa	rents cannot be reache	ed.
Name:	Phone Phone		
Any allergies and/or physical re f so, please specify:	strictions? O Yes O No		
, 50, prouse specify.			
Child's Doctor:	Phone:		
ailing to contact any of these, I	ort will be made to contact the parer I give my permission to Lil Monkeys reatment while efforts to locate the	Indoor Playground & C	
Signed:	Relationship to child:		