

Registration

Child Center/School: _____

Event Date: _____



	Child Name	Child Age	Teacher or Parent Attending with Child	Can this child be photographed?
1			<input type="checkbox"/> Teacher <input type="checkbox"/> Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No
2			<input type="checkbox"/> Teacher <input type="checkbox"/> Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No
3			<input type="checkbox"/> Teacher <input type="checkbox"/> Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No
4			<input type="checkbox"/> Teacher <input type="checkbox"/> Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No
5			<input type="checkbox"/> Teacher <input type="checkbox"/> Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No
6			<input type="checkbox"/> Teacher <input type="checkbox"/> Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No
7			<input type="checkbox"/> Teacher <input type="checkbox"/> Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No
8			<input type="checkbox"/> Teacher <input type="checkbox"/> Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No
9			<input type="checkbox"/> Teacher <input type="checkbox"/> Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No
10			<input type="checkbox"/> Teacher <input type="checkbox"/> Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No
11			<input type="checkbox"/> Teacher <input type="checkbox"/> Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No
12			<input type="checkbox"/> Teacher <input type="checkbox"/> Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No
13			<input type="checkbox"/> Teacher <input type="checkbox"/> Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No
14			<input type="checkbox"/> Teacher <input type="checkbox"/> Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No
15			<input type="checkbox"/> Teacher <input type="checkbox"/> Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No
16			<input type="checkbox"/> Teacher <input type="checkbox"/> Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No
17			<input type="checkbox"/> Teacher <input type="checkbox"/> Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No
18			<input type="checkbox"/> Teacher <input type="checkbox"/> Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No
19			<input type="checkbox"/> Teacher <input type="checkbox"/> Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No