

PLEASE PRINT CLEARLY and complete all sections

step
1

Service: 8:30am 10:00am 11:30am Visit: First Second Third
We are: First-time guests Requesting keytags Updating info Adding child

step
2

Parent/Guardian 1 

Parent/Guardian 2 

First Name _____

First Name _____

Last Name _____

Last Name _____

Date of Birth ____/____/____

Date of Birth ____/____/____

Relationship to Child _____

Relationship to Child _____

Cell Phone _____

Cell Phone _____

Text Okay? Yes No

Text Okay? Yes No

Email _____

Email _____

step
3

Address Information: Primary address of child(ren)

Address _____

City _____ State _____ Zip _____

step
4

Information on Child(ren)

Child's first name/nickname		Last name
Birth date	Gender	Grade
Special Needs/Allergies		

Child's first name/nickname		Last name
Birth date	Gender	Grade
Special Needs/Allergies		

Child's first name/nickname		Last name
Birth date	Gender	Grade
Special Needs/Allergies		

Do you understand that you must stay on campus while your child is in attendance at Black Rock? Yes

Parent/Guardian signature _____