

Kids Unite Fun Day Registration Form

Child's Name	Date of Birth	Gender	Name of School
Child's Address	City, State, Zip		
Mother's Name	Mother's Contact Phone Numbers		
Father's Name	Father's Contact Phone Numbers		
Emergency Contact	Relation to Child	Phone Numbers	
1) Authorized Pick-up Person	Relation to Child	Phone Numbers	
2) Authorized Pick-up Person	Relation to Child	Phone Numbers	
3) Authorized Pick-up Person	Relation to Child	Phone Numbers	
Any health information or allergies we should know about?			

I release Weatherford ISD from liability in case of an accident. The staff has my permission to provide emergency health care if needed. I understand that I am financially responsible for any expenses for medical care or transportation incurred on my student's behalf.

I have read the above procedures and agree to comply with them.

Signature of Parent or Guardian
Date