

Smiles and Frowns Clubhouse Registration Form

Parent Contact Form

Please fill out information completely. Please print legibly.

Student's Name: _____ Age: _____

Address _____ City: _____ Zip Code: _____

Student's Phone Number: _____ Student's Email Address: _____

Prior Experience (if any) with Smiles and Frowns Playhouse: _____

Please complete fully and indicate which phone number and/or email is the best contact for parents and emergency contact.

Mother's Name: _____ **Cell phone:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Home Phone: _____ **Email:** _____

Father's Name: _____ **Cell phone:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Home Phone: _____ **Email:** _____

Emergency Contact Information if Parent/Guardian is Unavailable

Name: _____ **Relationship:** _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____