



WALK UP REGISTRATION

	Child's Name (First and Last)	Grade ENTERING	Allergy? (If Yes, list them)
1			
2			
3			
4			

Parent/Guardian Name	Email	Phone Number

Address - Address Line 1

- ✓ Media Release: By registering your child, you grant permission to Katy's First to take photographs for daily videos, Facebook, Email Blasts, and/or VBS Publications. If you'd like to opt out, please email abrewer@katysfirst.org.