

# Kidmazium & SPLAT Studio™ Family Registration Form for Monday, April 25 - 10 a.m. - Noon

1st Child's Name \_\_\_\_\_ Age \_\_\_\_\_

2nd Child's Name \_\_\_\_\_ Age \_\_\_\_\_

3rd Child's Name \_\_\_\_\_ Age \_\_\_\_\_

4th Child's Name \_\_\_\_\_ Age \_\_\_\_\_

If applicable, please list any allergies: Child(ren)'s name(s): \_\_\_\_\_

Allergies: \_\_\_\_\_

Parents must remain at Paramount. In consideration of your child's safety, we request that children preschool aged and younger be shadowed by a parent.

Parent/Guardian's Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Parent's Email Address \_\_\_\_\_

(We will only use your email address to inform you of future events and will not share it with anyone)

\*Refunds available only if event is canceled.

If you have not already done so, please fill out a Paramount/SPLAT Waiver for each child.

For Front Desk Staff Use: Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card \_\_\_\_\_ SPLAT Waiver \_\_\_\_\_