

Jasper's Place Membership Form

Children Information

Child's Name _____ Age _____ DOB _____

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Comments or Special Instructions _____

Parent/ Guardian Information

Parent/Guardian Name _____

Home Phone _____ Mom's Cell _____ Dad's Cell _____

Address _____

Email Address _____

Authorized for pick-up _____

Password _____

I hereby release Jasper's Place Inc and the employees, from any liability if injury occurs while at Jasper's Place.

Signature _____ Date _____

How did you hear about Jasper's Place? _____

-Office Use Only

Membership Date _____ Paid _____ Mailing List _____ PTO _____ Staff Initials _____

New Member Follow-up Call: _____

Added into iContact: _____