



# PK Kids Annual ToyFest

## Registration Form

Parent/Guardian Name: *Please print clearly*

Date: \_\_\_\_\_

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Relationship to child

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Child(ren) live with (circle one) Both Parents / Father / Mother / Other: \_\_\_\_\_

Child's Name	Boy/Girl	Birthdate	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\*\*No Toys will be given without parent and child present.\*\***

All registered participants must be present at the ToyFest

Please email back to [KarensPlayhouse@yahoo.com](mailto:KarensPlayhouse@yahoo.com)