



Downtown Date Night Enrollment Form

Child's Name _____ Child's Name _____

Birthday _____ Age _____ Birthday _____ Age _____

Allergies _____ Allergies _____

Other Medical Conditions: _____ Other Medical Conditions: _____

Special Instructions: _____ Special Instructions: _____

Parent/Guardian Information

Parent/Guardian's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Please add us to the Museum's monthly email update list.

Emergency Contacts (Must list 2)

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

AUTHORIZATION

Yes No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

Yes No I have had an opportunity to review the policies of Downtown Date Night at the Central Wisconsin Children's Museum.

Parent's Signature _____ Date _____