



"creating magical experiences daily"

Flipz Student Information Form

a Printed name of participant _____ (nickname) _____ Age: _____ Date of Birth: _____ Gender or Preferred Pronoun _____

b Printed name of participant _____ (nickname) _____ Age: _____ Date of Birth: _____ Gender or Preferred Pronoun _____

c Parent Contact Email _____ Contact Phone Num _____

d Address _____

e Tell Us more about what makes your child unique, which will help get to know your child better.

f Printed name of Parent/or Legal Guardian _____ Phone Num: _____ Date: _____

g Medical Information _____ Insurance Co. _____ Medical Issues or Concerns _____

h Emergency Contact Name _____ Phone Num _____

i Signature of Parent/or Legal Guardian _____

j How did you hear About Us _____