



REGISTRATION FORM

Child's Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone: __ (____) _____ Birthday: ____/____/____

Parent's Name: _____

School: _____



Fairlane Village Mall
Where Schuylkill County Shops!

Shaded area for office use only