



CovKids
WELCOME

We're Glad You Joined Us!

PLEASE HELP US TO CONNECT WITH YOU BY FILLING OUT THIS FORM.

WE WANT TO HEAR YOUR STORY AND WANT TO TELL YOU OURS

SO WE CAN DO LIFE TOGETHER.

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

BIRTHDATE: _____ GRADE: _____

SCHOOL: _____

ALLERGIES: _____

SIBLINGS: _____

GUARDIAN NAME(S): _____

EMAIL: _____

PHONE NUMBER: _____