



# TRAILBLAZERS

**FIRST NIGHT OF the PROGRAM IS September 11<sup>th</sup> 6:15 -7:30PM**  
**2019-20 Registration Form**

Child's Name: \_\_\_\_\_ Grade in 19-20 school year: \_\_\_\_\_ Birthday \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Grade in 19-20 school year: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Grade in 19-20 school year: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Grade in 19-20 school year: \_\_\_\_\_

Parent/Guardian contact information: Name(s): \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

Any special information we need to know about your child/children (allergies, etc):  
\_\_\_\_\_

Trailblazers will end at 7:30pm. Who will be picking them up?  
(Please provide name & contact info.)  
\_\_\_\_\_

If Trailblazers is in need of help in the following area(s), give me a call: (Check all that apply)  
\_\_\_\_\_ Leading an activity or on substitute list      \_\_\_\_\_ Being a parent helper  
\_\_\_\_\_ Sorry, I am unable to help at this time

Is there any other information that would assist us in working with your children? (Please use reverse side of this page).

Thank you! Deanna Kleinsmith  
Contact information: email- [halkleinsmith@aol.com](mailto:halkleinsmith@aol.com) or cell (319) 430-0464