



Childcare Registration Form

Child's Name: _____ Gender _____ Age: _____
Allergies, if any: _____
Misc _____

Child's Name: _____ Gender _____ Age: _____
Allergies, if any: _____
Misc _____

Child's Name: _____ Gender _____ Age: _____
Allergies, if any: _____
Misc _____

Spouse's Name : _____

Cell/Email: _____

Soldier's Name: _____

Cell /Email: _____

Soldier's Signature **Date**

Non-emergency related cancelations occurring within 72 hours of the scheduled event may necessitate notification to the Service Member's chain of command & may impact future eligibility for attendance at Strong Bonds events.

Additional information, if necessary: