



**Childcare Registration Form**

<b>Child's Name:</b> _____ <b>Gender</b> _____ <b>Age:</b> _____
<b>Allergies, if any:</b> _____
<b>Misc</b> _____

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<b>Misc</b> _____

**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:**