



FAMILYHEALTH  
center



## Friday, August 9th, 2019 Noon – 6pm

117 W. Paterson Street | Kalamazoo, MI 49007

### FREE

- Carnival Rides
- Bouncies
- Games
- Concessions
- Prizes

### FREE

- Backpacks
- School Supplies
- Hygiene Kits

*(While supplies last.)*

Completed **Well-Child Exams** (ages 3-12) and **up-to-date Immunizations** are required to attend.

Call **349-2641** to register and make an appointment!



# Registration Form

Preregistration is June 14th – July 31st, 2019



**WHO:** For children ages 3-12 who have completed all age required physical exams and immunizations.

**WHEN:** FRIDAY, AUGUST 9TH, 2019; NOON-6pm

**WHERE:** Family Health Center  
117 W. Paterson Street | Kalamazoo

- **Preregistration recommended.** Preregistered participants will receive fast pass entry status. Doors to the event open at noon.
- All children will require up to date age appropriate well child exams, and immunizations prior to entry into the Back to School Bash. All rides, backpacks, and hygiene kits are distributed on a first come, first serve basis.

## TO BE COMPLETED BY PARENT/LEGAL GUARDIAN (PLEASE PRINT):

PARENT/LEGAL GUARDIAN (last name) \_\_\_\_\_ (first name) \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL (for email reminders) \_\_\_\_\_ PHONE (for text reminders) \_\_\_\_\_

CHILD NAME (LAST, FIRST)	DATE OF BIRTH	AGE	GENDER M/F	ATTENDS WOODWARD OR WASHINGTON ELEMENTARY
1	/ /		M / F	YES / NO
2	/ /		M / F	YES / NO
3	/ /		M / F	YES / NO
4	/ /		M / F	YES / NO
5	/ /		M / F	YES / NO

My signature authorizes that I am the parent/legal guardian of the above listed child(ren). I give permission for my child(ren) to participate in a dental screening, if desired. I also give permission for my child(ren) to be photographed and/or video graphed during the Back to School Bash. All media will remain the property of the Family Health Center or their vendor associated with this event.

This document certifies that the above listed child(ren) have completed all the physical exams and immunizations recommended by their Provider.

SIGNATURE (PARENT/LEGAL GUARDIAN): \_\_\_\_\_ DATE: \_\_\_\_\_

FHC EMPLOYEE SIGNATURE/APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_