

## Child Sitting Registration

Rotarian's Name \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Child's Name and Age \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any health issues: \_\_\_\_\_

List any allergies: \_\_\_\_\_

Any issues we should be informed of: \_\_\_\_\_

\_\_\_\_\_

- Movie will be provided
- Please bring activities for your child to do
- Please bring snacks for your child
- Interact Members will provide this service, supervised by a parent
- MUST PICK UP CHILD by 8:30 pm