

KIDX CLUB APPLICATION FORM

PARENT FIRST NAME: _____

PARENT LAST NAME: _____

PARENT'S EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

YOUR CHILD(REN)'S NAME AND BIRTH DATE

Your children must be 12 years old or younger to enroll in the Kids Club.

	First and Last Name	Month	Day	Year
Child 1	_____	_____	_____	_____
Child 2	_____	_____	_____	_____
Child 3	_____	_____	_____	_____
Child 4	_____	_____	_____	_____
Child 5	_____	_____	_____	_____

I certify that I am over the age of eighteen (18), have read the Shopping Center Privacy Policy and agree to the terms of the policy and terms of use statement.

I confirm that I am the parent or legal guardian of the child named above.

I consent to my child receiving information on the KidX Club program at the address listed above.

I agree to the KidX Club Terms and Condition.

If enrollment is in person using a hard copy application, parent must sign below.

Parent Signature	Date
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Print Name