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