

**IDENT-A-KID**  
SERVICES OF AMERICA

(PLEASE PRINT CLEARLY)

ONE APPLICATION PER CHILD  
CASH, CHECK OR MONEY ORDER PAYABLE TO IDENT-A-KID



CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_  
MM DD YY

NAME OF PARENT(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ AMOUNT ENCLOSED \$ \_\_\_\_\_

EMAIL (OPTIONAL): \_\_\_\_\_ NUMBER OF CARDS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ YOUR CELLULAR COMPANY: \_\_\_\_\_  
(eKid-ID is not available in all locations. See www.IDENT-A-KID.com for details)

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_

EN ESPANOL

FOLD HERE

**IDENT-A-KID**  
**SERVICES OF AMERICA**

ONLINE APPLICATION FORM

SCHOOL NAME: \_\_\_\_\_

TEACHER: \_\_\_\_\_

GRADE: \_\_\_\_\_

FOLD HERE

PLEASE ATTACH THIS PAPER TO AN ENVELOPE WITH YOUR CASH,  
CHECK OR MONEY ORDER. OTHERWISE, PLEASE FOLD ALONG THE  
DOTTED LINES AND STAPLE OR TAPE CLOSED.