

(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



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.

ident·a·kid®

