KID PRINT

UPDATE ☐

IF YOUR CHILD/CHILDREN HAS HAD A KID PRINT DONE BY THE CITY OF AVON IN THE PAST, PLEASE CHECK THE ABOVE BOX.

Child's Name_____

Height in Feet_____, Inches_____

Weight_____

Date of Birth_____

Eyes_____

Hair_____

Child's Name_____

Height in Feet_____, Inches_____

Weight_____

Date of Birth_____

Eyes_____

Hair_____

PARENT/GUARDIAN INFORMATION

Name_____

Address_____

City_____

State_____

Zip_____