



Place picture here

Name of Child: _____

Please circle: Boy or Girl

Birthday: _____

Parent or Guardian Information:

Mother's Name: _____ Cell Phone # _____

Father's Name: _____ Cell Phone # _____

Address: _____

Home Phone: _____

Allergies: _____

Emergency contact (other than parent or guardian):

1. _____

2.

Name of persons, other than parent or guardian, to pick up child:

1.

2.