

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent's Name \_\_\_\_\_

Primary Contact Number \_\_\_\_\_

Secondary Contact Number \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contacts (Please list 2)

1.) Name \_\_\_\_\_

Number \_\_\_\_\_

2.) Name \_\_\_\_\_

Number \_\_\_\_\_

Who has permission to pick up your child?

\_\_\_\_\_

Allergies: yes or no \_\_\_\_\_

If yes, what are they? \_\_\_\_\_

Any other medical information we should know about?

\_\_\_\_\_