



General information..

Name of Child: _____

Name of Guardians: _____

Address: _____ State: _____

Zip Code: _____ Phone Number: _____

Your Childs Birthday is: _____

To help us better serve YOU!!!

Does Your child have any Know allergies (ie. Food, etc.) YES or NO if yes please
Explain: _____

Does Your child have any chroinc illnesses/conditions YES or NO if yes please
Explain: _____

Please give us any information concerning your child which will be helpful in their experiece in
group setting (ie. Such as play, habits, special likes and dislikes) _____

Please give the names of the persons whom the child can be released: _____

Emergency contact person.

Name _____ Phone # _____