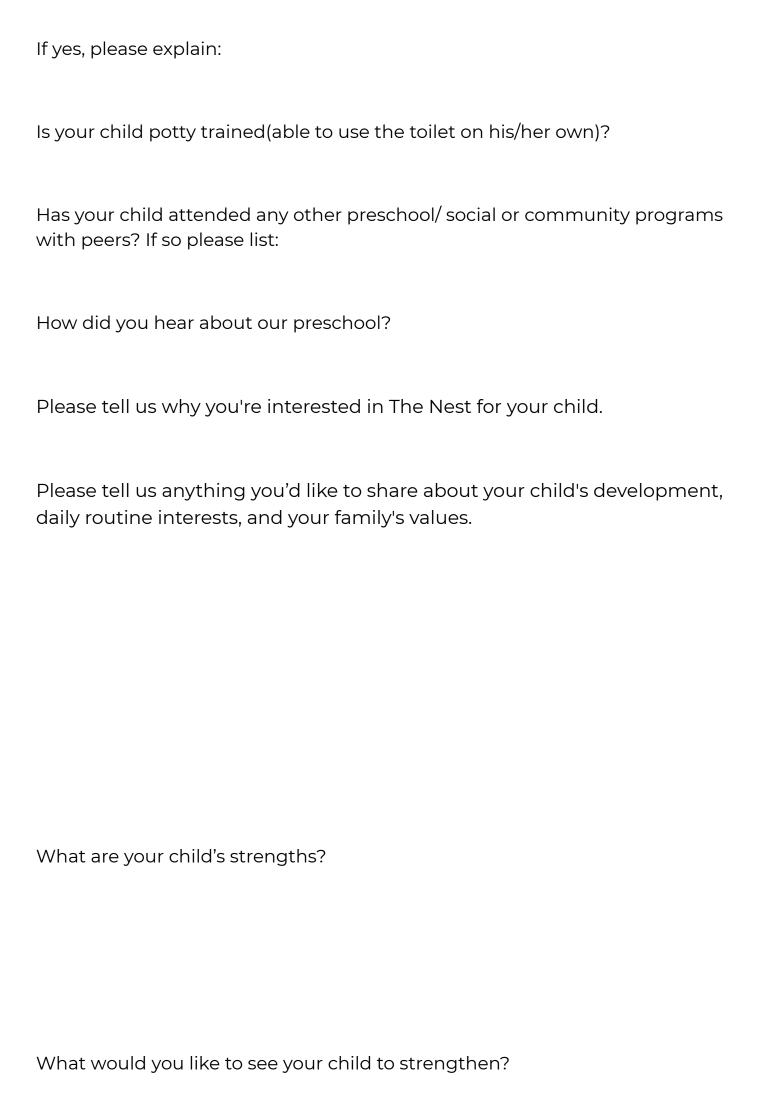


Child's Full Name:
Date of Birth: (MM/DD/YYYY)
Age:
Gender:
Parent/Guardian Name (Primary):
Relationship to Child:
Phone Number (Primary):
Email Address (Primary):
Parent/Guardian Name (Secondary):
Relationship to Child:
Phone Number (Secondary):
Email Address (Secondary):

Does your child have any allergies? (Yes/No)

If yes, please list:

Does your child have any special needs or dietary restrictions? (Yes/No)



What goals do you have for your child within this experience?
How do you handle discipline at home?
How would you describe your parenting style?
Does your child have access to TV, social media, video games etc?
Signature (Parent/Guardian): Date: