



120 Redcliff Drive
Ridgway, CO
81432
(970) 626-5243

Please Print:

Child's Name: _____ Birthday: _____

Parent/ Guardian Information:

Name:

Cell Number: _____ Work Number: _____

Email Address:

Name:

Cell Number: _____ Work Number: _____

Email Address:

Emergency Contact Information (If parents cannot be reached):

Name: _____ Cell Number: _____

Name: _____ Cell Number: _____

Persons Authorized to pick up child (other than contacts listed above):

Name: _____ Cell Number: _____

Name: _____ Cell Number: _____

Name: _____ Cell Number: _____

Name: _____ Cell Number: _____

Any allergies (Food, medication, etc.) or other health information that we should be aware of:

Any other information we should know:

Pictures/ Video Waiver: We, on occasion might use your child's photograph in our newsletters or on our website for advertising purposes. If you do not want your child's photograph published, please sign below:

I do not wish for my child's photograph to be used in any publication as stated above.

Parent/ Guardian signature:

Date:

