



Last Name: _____ First Name: _____
Gender: Male Female Age: _____ Date of Birth: _____
Ethnicity: _____ Race: _____

2) CHILD INFORMATION

Last Name: _____ First Name: _____
Gender: Male Female Age: _____ Date of Birth: _____
Ethnicity: _____ Race: _____

3) CHILD INFORMATION

Last Name: _____ First Name: _____
Gender: Male Female Age: _____ Date of Birth: _____
Ethnicity: _____ Race: _____

Parent's name: _____

Home Address: _____

City: _____ State/Province: _____ Postal Zip Code: _____

Parent's Daytime phone: _____ Parent's Cell: _____

People Authorized to pick up child: _____

Emergency contact name: _____ Relationship to Child: _____

Phone: _____

Does your child(ren) have any special Dietary need: your child on any type of special diet? If yes, please explain what those needs are and who they are for. If there is an allergy to certain foods, please list acceptable substitutions:

Print Name DATE