



Emergency Contact Information:

Child's Information	Parent/Guardian Information #1	Parent/Guardian Information #1
Full Legal Name:	Full Legal Name:	Full Legal Name:
Date of Birth:	Relationship to Child:	Relationship to Child:
Preferred Name:	Primary Phone Number:	Primary Phone Number:
Home Address:	Alternate Phone Number:	Alternate Phone Number:
Allergies/Special Medical Information:	Email Address(es):	Email Address(es):
	Home Address: Same as Child <input type="checkbox"/>	Home Address: Same as Child <input type="checkbox"/>

Emergency Contacts

<u>Emergency Contact #1:</u>	<u>Emergency Contact #2:</u>	<u>Emergency Contact #3:</u>
Full Name:	Full Name:	Full Name:
Relationship to Child:	Relationship to Child:	Relationship to Child:
Primary Phone Number:	Primary Phone Number:	Primary Phone Number:
Alternate Phone Number:	Alternate Phone Number:	Alternate Phone Number:
Home Address:	Home Address:	Home Address:
Email:	Email:	Email:
Authorized to pick up child <input type="checkbox"/>	Authorized to pick up child <input type="checkbox"/>	Authorized to pick up child <input type="checkbox"/>