

# Children's Information

Name \_\_\_\_\_ Age \_\_\_\_\_

Birth Date

\_\_\_\_\_

Address

\_\_\_\_\_

Home Phone #

\_\_\_\_\_

Mom's Cell # \_\_\_\_\_ Mail \_\_\_\_\_

Dad's Cell # \_\_\_\_\_ E-mail \_\_\_\_\_

Attends What School \_\_\_\_\_ Phone # \_\_\_\_\_

Best Emergency #

\_\_\_\_\_

Contact Emergency Person

\_\_\_\_\_

Allergies

\_\_\_\_\_

\_\_\_\_\_

Health Concerns

\_\_\_\_\_

\_\_\_\_\_

Medicine Needed

\_\_\_\_\_

\_\_\_\_\_

T-Shirt Size

\_\_\_\_\_