

Child's Name: _____ Sex: _____ Birthdate: _____

	Mother	Father
Name		
Address		
Employer		
Home Phone #		
Work Phone #		
Cellular Phone #		
Email Address		

Parent/ Legal Guardian with whom the child resides: _____

Child's Doctor: _____ Doctor's Phone #: _____

Child's Dentist: _____ Dentist's Phone #: _____

Contacts In Case Of Emergency:

Name:

_____ Phone #: _____

_____ Phone #: _____

_____ Phone #: _____

_____ Phone #: _____

Does your child have any food allergies? Y/N

Does your child have any other allergies Y/N

Does your child have any dietary restrictions? Y/N

Please explain any yes answer here:
