CHILD INFORMATION FORM

Child's Name (First)_____ (Middle)_____ (Last)_____

Home Address_____ Phone_____

Birth Date_____ Age_____ Sex_____ Weight_____

Allergies_____

Father's Name_____ Cell #_____

Address:_____ Father's Email:_____

Father's Employer & Phone_____

Mother's Name_____ Cell #_____

Address:_____ Mother's Email:_____

Mother's Employer & Phone_____

Persons to be notified in case of emergency other than parents:

Name_____

Address_____

Phone_____ Relationship_____

Name_____

Address_____

Phone_____ Relationship_____

Child's Doctor_____

Doctor's Address_____

Phone_____

Signature of Parent or Guardian

Date_____